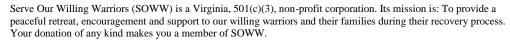
## **SUSTAINER GIVING FORM**

## Give back to those who gave so much





Name(s)					
Address					
City State Zip Code					
Telephone		Email			
I'd like to make a	Donation	Memorial Gi	Memorial Gift Ho		
	In Memory/Honor of:			<del>-</del>	
I'd like to make a	One-Time Donation.				
On the	1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>th</sup>	15 <sup>th</sup> 20 <sup>th</sup>	25 <sup>th</sup> of the m	onth	
Donation Amo	ount \$				
Please apply n	ny gift to: General Don	ation	Bı	ıll Run Warriors Retreat	
	Other –pleas	e specify:		<u>.</u>	
<b>Donation Typ</b>	e:Checking Account **	OR	Cre	edit Card	
	or One-Time Checking Account dona	· · · · · · · · · · · · · · · · · · ·		ur donation form.	
WSA DISCOVER	Credit Card Number		<b>E</b>	xpiration Date/	
	M (1) D (2)				
	<b>Monthly Donation.</b> 1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>tl</sup>	1.5th 20th	25th - 64b		
		1320	23 of the ii	IOHUI	
Donation Amo	ount \$				
Please apply r	ny gift to: General Don	ation	Bull Run Warriors Retreat		
	Other –pleas	e specify:			
<b>Donation Typ</b>	e:Checking Account (please in	nclude a voided check)	OR _	Credit Card	
VISA DISCOVER	Credit Card Number		Expira	ation Date/	
time through the online don	ations will be transferred directly from my a ation form at <u>www.willingwarriors.org</u> or b g as ACH transactions comply with U.S. La	y contacting Serve Our Willing W			
Signature			(Required) Date		
	KEEP THIS P	ORTION FOR YOUR RE	ECORDS		
	e, or suspend my gift at any time through the tions provided to Serve Our Willing Warrio	e online donation form at www.wil	llingwarriors.org or l		
I'd like to make a	Donation	Memorial Gift		Honor Gift	
	In Memory/Honor of:	ry/Honor of:			
As a	One-Time Donation	OR	Monthly Donat	ion	
On the	1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>th</sup>	15 <sup>th</sup> 20 <sup>th</sup> 25 <sup>th</sup> c	of the month		
Donation Amou					
Please apply my				l Run Warriors Retreat	
	Other –please s	pecify:			