

# GIVING FORM



The Special Forces Charitable Trust relies on the generous contributions of individuals like you. Your tax-deductible donation to the Trust allows us to provide ongoing support and assistance to the Special Forces (Green Beret) community and their families with Education and Motivation, Family and Command Support, and Veterans and Heritage programs. Every gift makes a difference! These Heroes and their Families have sacrificed to protect the freedoms that we all enjoy. All gave some. Some gave all. **THANK YOU!**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a \_\_\_\_\_ One-time \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual donation

In the amount of: \$ \_\_\_\_\_

Process 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 month

Recurring Gift Start Date – Month/Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Recurring Gift End Date – Month/Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please apply my donation to: \_\_\_\_\_ SF Experience Week (expenses) \_\_\_\_\_ Single Soldier Support \_\_\_\_\_ Scholarships  
\_\_\_\_\_ Unrestricted \_\_\_\_\_ Gary Gordon MOH Memorial \_\_\_\_\_ Great Americans Shoot (Specify shooter in comments)  
\_\_\_\_\_ 30-mile hike \_\_\_\_\_ Ivan Castro MDS Challenge \_\_\_\_\_ Atlanta Clays (Specify shooter in comments)  
\_\_\_\_\_ Other (use comment box to direct your gift) \_\_\_\_\_ Giving Tuesday

Please send an acknowledgement to (Name & Address): \_\_\_\_\_

I'd like to make a \_\_\_\_\_ Donation \_\_\_\_\_ Memorial Gift \_\_\_\_\_ Honor Gift \_\_\_\_\_ Anonymous Donation

In Memory/Honor of \_\_\_\_\_

Comments \_\_\_\_\_

**\_\_\_\_\_ YES! Please add to my donation the Processing Fees (3% for Credit Card, 0.5% for ACH) assessed to the Special Forces Charitable Trust.**

**Please add \$ \_\_\_\_\_ (3% for Credit Card and 0.5% for ACH)**

**Total Donation Amount: \$ \_\_\_\_\_ (required)**

\_\_\_\_\_ Enclosed is a voided check for my donation. Please transfer my gift from my checking account.

**OR**  
\_\_\_\_\_ My credit card information is listed below for my donation. Please transfer my gift from my credit card.

Credit Card Account: \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.specialforcescharitabletrust.org](http://www.specialforcescharitabletrust.org) or by contacting Special Forces Charitable Trust by phone or mail. All donations provided to Special Forces Charitable Trust comply with U.S. Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)