

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 _____ 1st _____ 5th _____ 10th _____ 15th _____ 20th _____ 25th of the month

Recurring Gift Start Date – Month/Year _____/_____/_____ Recurring Gift End Date – Month/Year _____/_____/_____

Please apply my donation to: _____ Unrestricted _____ Single Soldier Support _____ Scholarships
_____ MSG Gary Gordon MOH Memorial _____ The Great Americans Shoot (specify shooter in comments) _____ Giving Tuesday
_____ Atlanta Clays – (specify shooter in comments) _____ Palmetto Clays – (specify shooter in comments) _____ SF Experience – (for expenses)
_____ NJ Clays (Specify shooter in comments) _____ Other (use comment box to direct your gift)

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 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)