

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!**

CONTACT

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

GIFT INFORMATION

I'd like to make a:

Donation

Memorial Gift

Honor Gift

Anonymous Donation

I'd like to make a:

One-time

Monthly

Quarterly

Semi-Annual

Annual donation

Process on the:

1st

5th

10th

15th

20th

25th

Comments _____

In Memory/Honor of: _____

Please send an acknowledgement to (Name & Address): _____

Recurring Gift Start Date – Month/Year ____/____

Recurring Gift End Date – Month/Year ____/____

Please apply my donation to:

\$ _____ #GivingTuesday – Spousal Scholarships

\$ _____ Unrestricted

\$ _____ Be a Hero for a Hero

\$ _____ Single Soldier Support

\$ _____ Scholarships

\$ _____ Veterans

\$ _____ Gala

\$ _____ MSG Gary Gordon MOH Memorial

\$ _____ Mettle and Moxie Event

\$ _____ The Great Americans Shoot (specify shooter in comments)

\$ _____ Atlanta Clays – (specify shooter in comments)

\$ _____ NJ Clays (Specify shooter in comments)

\$ _____ SF Experience – for expenses

\$ _____ Other (use comment box to direct your gift)

\$ _____ Total Gift

PAYMENT INFORMATION

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.

For Office Use Only

\$ _____ **Processing Fee Amount**
(3% amount for Credit Card gifts or 0.5% amount Checking Account gifts)

\$ _____ **Total Donation Amount**
(required) *(Donation Amount specified above + Processing Fee Amount)*

Signature _____ **Date** _____

(Required)