

# 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:**

1<sup>st</sup>

5<sup>th</sup>

10<sup>th</sup>

15<sup>th</sup>

20<sup>th</sup>

25<sup>th</sup>

**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](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)*

**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)*