HELPING HEROES OUTDOORS
GENERAL ONLINE DONATION FORM

Mail This Form and Donation to: Helping Heroes Outdoors 6201 10th St Chester, IA 52134-8568

One-Time Donation Amount: $ _____

☐ **YES!** Please make this a recurring **monthly donation** and support our Helping Heroes with my monthly gift of:

☐ $19/month ☐ $25/month ☐ $30/month ☐ Other $_____/month

Donation Information:

(Is this donation being made by a company?) Company Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone Number: _____

Email Address: _____

☐ Yes, I would like to receive email communications from Helping Heroes Outdoors (i.e., updates on events, heroes, programs, etc.).

☐ **My check is enclosed and made out to Helping Heroes Outdoors** ☐ **Please charge my credit card.**

Credit Card Information:

Card Type: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

Cardholder Name: _____

Card Number: _____ Expiration Date (Month/Year): _____

Cardholder Signature: _____

Credit Card Billing Information:

(If the billing address is different from the donor information, please enter the billing information below.)

Address: _____

City: _____ State: _____ Zip Code: _____

Gifts In Honor or In Memory of an Individual:

**Note: Helping Heroes Outdoors does not disclose the donation amount.*

Gift Type (choose one): ☐ **In honor of** ☐ **In memory of**

Honoree's First Name: _____ Last Name: _____

Send Acknowledgement of my gift to (First / Last Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____