



# Donation Form

**YOUR INFORMATION:**

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contribution Amount (circle one):    \$15    \$25    \$50    Other: \_\_\_\_\_

Payment Method (circle one):    Credit Card    Check (make checks payable to MPVA)

**FOR CREDIT CARDS ONLY:**

Credit Card type (American Express, Discover, Mastercard, Visa): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR HONORARY AND MEMORIAL GIFTS:**

My Gift is (circle one):    On Honor of    In Memory of

Prefix (Mr.,Mrs.,Ms.,etc.), First Name, Last Name: \_\_\_\_\_

Send an acknowledgement to:

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Print this form and enclose your check, if paying by check, to:  
Michigan Paralyzed Veterans of America  
40550 Grand River Avenue  
Novi, MI 48375