



**Paralyzed Veterans
of America**

Michigan Chapter

Donation Form

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

46701 Commerce Center Drive

Plymouth, MI 48170