



advance ★ GUARD

# ADVANCE GUARD DONATION FORM

Send credit card information to:

Wounded Warrior Project®  
PO Box 758517  
Topeka, KS 66675-8517  
877.TEAMWWP (832.6997)

Instructions: please mark the appropriate boxes, sign this reply, and enclose it in the envelope provided.

**YES! I WANT TO BECOME A MEMBER OF ADVANCE GUARD AND SUPPORT OUR WOUNDED WARRIORS WITH MY MONTHLY GIFT OF (WCC):**

\$19/month     \$25/month     \$30/month     \$\_\_\_\_/month

**DONOR INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**YES! PLEASE CHARGE \$ \_\_\_\_\_/MONTH TO MY CREDIT CARD. (AMEX, VISA, MASTERCARD, AND DISCOVER ACCEPTED)**

Cardholder's Name: \_\_\_\_\_ Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Card Expiration: \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_

**NO! I CANNOT JOIN ADVANCE GUARD AT THIS TIME. I WOULD LIKE TO MAKE A SPECIAL ONE-TIME CONTRIBUTION TO SUPPORT WOUNDED WARRIOR PROJECT IN THE AMOUNT OF (WON):**

\$20     \$25     \$30     \$40     Other \$ \_\_\_\_\_

**IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company (Optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL, FAMILY, ETC. PLEASE COMPLETE THE FOLLOWING SECTION. *\*Please note WWP does not disclose the donation amount.***

I would love my gift to be (choose one):  
 In honor of                       In memory of Honoree: \_\_\_\_\_  
Please send acknowledgement of my donation to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**WOUNDED WARRIOR PROJECT ADVANCE GUARD PROGRAM**

My authorization to charge my credit card shall remain in effect until I notify Wounded Warrior Project in writing that I wish to end this agreement and Wounded Warrior Project has had reasonable time to act on it. A record of each payment will be included on my card statement and will serve as my receipt

A record of each charge will be included in my regular credit card statement. In the event of an error, I have the right to instruct my credit card corporation to reverse any charge. I understand I must do this by written notice within 15 days of the date of the credit card statement, or within 45 days after the charge was made.

ADVANCE GUARD AG\_WEB

**DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE**

