



WOUNDED WARRIOR PROJECT®

advance★GUARD

ADVANCE GUARD DONATION FORM

Send check 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. Please make checks payable to "Wounded Warrior Project."

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

\$19/month \$25/month \$30/month \$____/month

DONOR INFORMATION:

First name: _____ Last name: _____
Address: _____
City: _____ State: _____
Zip/Postal Code: _____ Email Address: _____

YES! I AUTHORIZE FROM MY BANK TO ELECTRONICALLY DEBIT FROM MY CHECKING ACCOUNT THE AMOUNT INDICATED ABOVE TO WOUNDED WARRIOR PROJECT EACH MONTH.

I have enclosed my required "Starter check" for this month's contribution in the amount I marked.

My automatic deduction will begin on the 20th of next month.

Here is my required signature: _____

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: _____

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 \$ _____

WOUNDED WARRIOR PROJECT ADVANCE GUARD PROGRAM

My authorization to transfer my monthly pledge amount from my bank 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 monthly bank statement and will serve as my receipt.

EFT Contributors: My authorization of Wounded Warrior Project to debit my checking account shall be the same as if I had personally signed a check to the organization

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

If you would like to send a monthly check, please do so by the 20th of each month. Please send your check and indicate you are member of Advance Guard to: National Processing Center • PO BOX 758516 • Topeka, KS 66675-8516

GUARDTV

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

