



WOUNDED WARRIOR PROJECT®

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.

GUARDTV

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

