



# WOUNDED WARRIOR REGIMENT DONATION FORM

PRIVACY ACT STATEMENT: THE INFORMATION HEREIN IS FOR OFFICIAL USE ONLY (FOUO) WHICH MUST BE PROTECTED UNDER THE PRIVACY ACT OF 1974, AS AMENDED. UNAUTHORIZED DISCLOSURE OR MISUSE OF THIS PERSONAL INFORMATION MAY RESULT IN CRIMINAL AND/OR CIVIL PENALTIES.

TITLE/RANK \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_ (IF APPLICABLE)

DONOR'S NAME: \_\_\_\_\_

DONOR'S ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DONATION AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

OPTIONAL:  IN LIEU OF GIFTS  IN LIEU OF FLOWERS  IN SUPPORT OF: \_\_\_\_\_ (EVENT)

IN HONOR OF: \_\_\_\_\_  IN MEMORY OF: \_\_\_\_\_

SPECIFIC REQUIREMENTS: \_\_\_\_\_

(EXAMPLE: FINANCIAL ASSISTANCE ONLY, CHILD CARE, RECREATIONAL PURPOSES, ETC. DONATIONS DO NOT HAVE TO HAVE A SPECIFIC REQUEST)

GIFT IN NAME OF: \_\_\_\_\_ SELF \_\_\_\_\_ ANYONMOUS \_\_\_\_\_ AS FOLLOWS\*

**\*IF YOU WOULD LIKE AN ACKNOWLEDGEMENT SENT TO SOMEONE ELSE PLEASE FILL OUT BELOW:**

PLEASE SEND ACKNOWLEDGEMENT TO:

NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE NOTIFY THE ACKNOWLEDGED OF MY NAME    Yes    No AND/OR DONATION AMOUNT    Yes    No

## DONATION INSTRUCTIONS

1. PRINT AND COMPLETE THIS FORM.
2. CHECKS MUST BE MADE PAYABLE TO: DEPARTMENT OF THE NAVY GIFT FUND
3. THE NOTE SECTION MUST READ: FOR THE USMC WOUNDED WARRIOR REGIMENT.
4. RETURN THIS FORM WITH YOUR DONATION TO:

WOUNDED WARRIOR REGIMENT  
CHARITABLE GIVING SECTION  
1998 HILL AVENUE  
MCB QUANTICO, VA 22134

**THANK YOU FOR YOUR THOUGHTFULNESS AND GENEROSITY  
IN SUPPORT OF OUR WOUNDED WARRIORS AND THEIR FAMILIES.**

Wounded Warrior Call Center: 24/7 - 1.877.487.6299  
www.woundedwarrior.marines.mil