



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. 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