Donation Form

CONTACT INFORMATION

Name: _____ □ I/we would like to remain anonymous

Title: _____ Organization: _____

For recognition purposes, please recognize this gift from: _____

Address: _____ Address Type: □ Home □ Business

City: _____ State: _____ Zip Code: _____

Contact #: _____ E-mail: _____

DONATION INFORMATION

Gift Amount: _____ Gift Purpose: _____

and/or

In honor/In memory of: _____

□ Check Enclosed □ Cash Enclosed □ I authorize FNIH to charge my credit card for the amount owed.

□ I would like to make this a recurring monthly gift □ This is a pledge to be paid _____

Name (as it appears on Credit Card): _____

Credit Card # : _____ Expiration date: _____

CVV# (AmEX 4 digits on front, other cards 3 digits on back of the credit card) _____

Sign: _____ Date: _____

Print: _____ Or Taken by Phone by: _____

PLEASE ACKNOWLEDGE (Applies to Memorial or Honorarium gifts only)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____ E-mail: _____

Special Message: _____

Please send this form along with donation(s) to:

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