



**GARY SINISE**  
 ★ FOUNDATION ★  
 SERVING HONOR AND NEED™

I will donate \$ \_\_\_\_\_  
 to the Gary Sinise Foundation

- MONTHLY DONATION     ONE-TIME DONATION  
 MULTI-YEAR DONATION for \_\_\_\_\_ years

*Making your donation online saves time and expense, allowing us to do more with every dollar. Please consider donating online.*

Full Name(s): \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I WILL PAY WITH A CREDIT CARD.

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  Visa  MC  Disc  AmEx

CVC#: \_\_\_\_\_ Name as it appears on card (please print): \_\_\_\_\_

Billing Address:  same as shipping \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

I WILL PAY WITH A CHECK. (please ensure checks are payable to Gary Sinise Foundation)

OPTIONAL INFORMATION

- Yes! I wish to have this gift remain anonymous.  
 Yes! Subscribe me to your electronic newsletter.  
 Yes! Send me an electronic note on my birthday. Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Yes! I would like information about including the Gary Sinise Foundation in my estate plans.

*Thank you for supporting our mission through your generous contribution.*

Gary Sinise Foundation's Federal Taxpayer I.D. #80-0587086