



# VHVW CORPORATE SPONSOR FORM

Please send donation along with this form to:

VHVW  
129 N. Countyline Rd #195  
Jackson NJ 08527

Donation Amount: \$\_\_\_\_\_.\_\_\_\_\_

YES! I would like to make this a  
recurring monthly donation  
to support OUR veterans!

## SPONSOR INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK DONATION WITH THIS FORM.**

## PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:

(AMEX, Visa, MasterCard, and Discover accepted)

Cardholder's name: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration: \_\_\_\_/\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

We sincerely thank you for your generous contribution!