



VETERANS OF FOREIGN WARS OF THE UNITED STATES

www.vfw.org | info@vfw.org

Program Participation Form

Yes, I want to help our veterans and their families by becoming a member of Partners in Patriotism.

We will need either your credit card or checking account information to set up monthly donations to be charged to your account. Your first donation will be processed on/or around the 20th of the month. Please provide the requested information below and return it to VFW National Headquarters, 406 West 34th Street, Suite 718, Kansas City, MO 64111.

Name _____

Address _____

Phone _____

FOR CREDIT CARD DEDUCTIONS

Credit Card #: _____ Exp Date: _____

Amount to be charged (circle one): \$ _____ monthly quarterly annually

- Minimum amount is \$10.00, processed on/or around the 20th of the month.

Credit Card Type (circle one): Visa MasterCard Discover American Express

Telephone # () _____ Signature: _____ Date _____

FOR CHECKING ACCOUNT DEDUCTIONS

Please send us a voided check along with the completed information below and return it to VFW National Headquarters, 406 West 34th Street, Suite 718, Kansas City, MO 64111.

Amount to be debited (circle one): \$ _____ monthly quarterly annually

- Minimum amount is \$10.00, processed on/or around the 20th of the month.

Telephone # () _____ Signature: _____ Date _____

I understand payments will continue automatically each month until I notify the VFW of any change. Notification must be received prior to the 1st of the month of processing.