



LEGACIES ALIVE

DONATION FORM

Your contributions directly enable Legacies Alive to provide unwavering support to our nation's Gold Star families by ensuring the legacies of our fallen American heroes are forever alive.

DONOR INFORMATION

First Name _____

Last Name _____

Company Name _____

Phone Number _____

Email Address* _____

Street Address* _____

City, State, Zip _____

* Please provide mailing or email address to receive a receipt for tax deduction

DONATION DETAILS

Donation Date _____ Donation Amount _____

Donation Method Check Cash In-Kind

Donation Requests _____

In-Kind Donation Estimated Value & Description _____

DONATION INSTRUCTIONS

To make a donation via credit/debit card, please visit our website: legaciesalive.com

Make checks payable to: Legacies Alive

Mail check and donation form to: P.O. Box 382, Beaver Falls, PA 15010