



DONATION FORM

Your contributions directly enable us 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:

***Please provide mailing/email address to receive a tax-deductible receipt.*

MAILING ADDRESS

Street 1:

Street 2:

Unit/Apartment Number:

City:

State:

Zip Code:

EMAIL ADDRESS

Email Address:

DONATION DETAILS

Donation Date:

Donation Amount:

Donation Method: Check Cash Card In-Kind

Donation Requests:

In-Kind Donation Estimated Value & Description:

DONATION INSTRUCTIONS

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

Make Check Payable To:

LEGACIES ALIVE

Return Check And Donation Form To:

LAURA VITI
ATTN: LEGACIES ALIVE
222 KAREN AVE, UNIT 3404
LAS VEGAS, NV 89109