



I will donate \$ \_\_\_\_\_  
to support Alaska Warrior Partnership,  
a program of America's Warrior Partnership.

Donation Frequency (Check one):

- One-Time Donation
- Monthly Donation
- Multi-Year Donation for \_\_\_\_\_ Years
- Other (Please Specify): \_\_\_\_\_

Would you like to receive online communications from Alaska Warrior Partnership (Circle one)? Yes or No

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

Company/Organization (if applicable): \_\_\_\_\_

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

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

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

Method of Payment (Check one):

- Enclosed is a check payable to America's Warrior Partnership DBA Alaska Warrior Partnership with the memo indicating "In support of the Alaska Warrior Partnership".
- I prefer to give by credit card (Circle Type): Visa, Mastercard, American Express, or Discover  
Card #: \_\_\_\_\_ Exp (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Honor/Memorial Gifts (If applicable):

Please circle the appropriate designation: "In honor of" or "In memory of"

Name of Individual Being Recognized: \_\_\_\_\_

Send notification of my contribution: (Note: \$ Amounts are confidential and will not be mentioned):

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

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

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

Special instructions/Message: \_\_\_\_\_

Would you wish for this gift to remain anonymous (Circle one)? Yes or No

*Thank you for supporting our mission to empower our community to empower veterans!*

**Tax ID 47-1606321**

America's Warrior Partnership  
1190 Interstate Parkway, Augusta, GA 30909 | (706) 434-1708  
www.americaswarriorpartnership.org