



Donation Form

MY INFORMATION

Name _____

(Please print how you would like your name to appear on our materials)

Please list my gift as anonymous in any donor recognition materials

Signature _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

I WANT TO SUPPORT AMERICAN FORESTS WITH A TOTAL GIFT OF \$ _____!

One-time gift of \$ _____

OR

Pay my balance Annually Semi-annually Quarterly Monthly Beginning Date _____ Amount per payment \$ _____

Unless otherwise specified, gifts are allocated based on the organization's greatest need. Please restrict my gift to (subject to review): _____

Enclosed is my cash/check

Please charge my credit card

Credit Card Number _____ Expiration _____ CVV Code: _____

Name on Charge Card _____ Signature _____

Thank you for your generous contribution
Your donation to **AWF** is tax deductible to the extent the law allows.

Please make checks payable to **AWF**.
Please mail completed forms to **AWF** Street **AWF** **AWF**