



The American Veterans Disabled for Life Memorial

Disabled Veterans' Life Memorial Foundation
3725 Alexandria Pike • Cold Spring, KY 41076
859-441-7300 • dvlmf@dav.org • www.avdlm.org

Donation Form for Disabled Veterans Life Memorial Foundation

Enclosed is my check or money order in the amount of \$ _____ .

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Contact Number (optional): _____

E-Mail Address (optional): _____

My gift is in memory of:

Name: _____

My gift is in honor of:

Name: _____

Please notify the following family member or friend of my memorial / honorary gift:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

CREDIT CARD INFORMATION

Charge my credit card in the amount of \$ _____ .

Make my gift monthly:

VISA MasterCard AMEX Discover

Card Number	CVV Code	Expiration Date
-------------	----------	-----------------

Signature (Required)

Your contribution to the Memorial is tax-deductible to the extent the law allows.
DVLMF is a 501(c)(3) organization. EIN: 52-2098855