Charity Donation Form





Scan to contribute securely online

Thank you for your generosity. We appreciate your support!

Use the QR code to make a donation from our website, or fill out the form below and mail it to us with your contribution. Please make checks payable to: **LIFT A VET**, P.O. Box 205, Columbia, MD 21045

				Anonymous:
Donor Informati	ion		* Required Information	We may choose to list our benevolent contributors on
* - 6	.			our website or in marketing
* Prefix:	* First Name:		Middle Initial:	material. If you wish to remain anonymous, please
* Last Name			Suffix:	check this box.
Last Name.				
	- or-			No News or Updates:
* Company / Organiza	ation:			Select this box if you do
, ,,				NOT wish to be contacted via email with LIFT A VET
				news and updates.
* Street Address 1: _				
Street Address 2: _				
* City:	*	State:	* Zip:	
				A proper email address is
Phone:	* Email:			important for us to send a receipt for tax purposes.
				receipt for tan paripeses.
Donation Inform	nation			* Required Information
1				
* Amount: \$ LIFT A VET Project to allocate funds to:				
Special Requests or Su	uggostions:			
Special Requests or Su	iggestions:			



LIFT A VET

Phone: (240) 388-0397 P.O. Box 205, Columbia, MD 21045

EIN: **81-1272342 |** DUNS ID: **080161223** /CC:7K8N5

Maryland ID: D17009093 | Puerto Rico Registration# 369233

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