



Donation Form

Donation Amount

☐ One - Time Donation: \$_____ - "Thank you!" Date: ____/____/____

☐ Yes, make this a recurring monthly donation to support veteran families with college grants and scholarships. This can be conveniently stopped at any time via email.

☐ \$20 / month ☐ \$30 / month ☐ \$50 / month ☐ \$100 / month ☐ Other \$ _____ month

Mail checks to: Veteran College Grants, P.O. Box 1092, Friendswood, TX 77549

Donation Information

Company Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Credit Card Information

Card Type: ☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: ____/____

Cardholder Signature: _____

☐ Yes, the billing information is different from the above. Please use the address below.

Address: _____

City: _____ State: _____ Zip Code: _____

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