

Date:		
DONATION FOR (please check all that apply) General Foundation In The Line Of Duty		
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CREDIT CARD AUTHORIZATION		
Credit Card Type (please check one): AMEX	VISA MASTERCARD	Discover
Card Billing Address (If same as above, leave blank):		
City:	State:	Zip:
Phone No. of Cardholder:		
Card No.:	Exp. Date:	CID or Security Code:
I hereby authorize the Tunnel to Towers Foundation to co to my credit card. One-Time Monthly	harge the following amount \$	
Signature:		Date:
CHECK Please make all checks out to "Tunnel to Towers Founda"	tion" and kindly mail with the attac	hed form to the address listed below.
OPTIONAL DEDICATION Please make my gift:		
In Honor of		
Please send acknowledgment of dedication to (r Name:	•	
Address:		_ Apt:
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WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

The Tunnel to Towers Foundation is recognized by the IRS as a 501 (c)(3) tax -exempt organization. Our EIN number is 02-0554654. Please consult with your tax adviser regarding the deductibility of your contribution.