



Address:		ount: \$				
Donation Infortmation: (Is this donation being made by a company?) Company Name: First Name: Last Name: Address: State: Zip Code: Country: Phone Number: Email Address: Phone Number: YES! I would like to receive email communications from Smartphones for Service Members (i.e., updates on events, programs, etc.). My check is enclosed and made out to Smartphones for Service Members Please charge my credit card. Credit Card Information: Card Type: AMEX Discover MasterCard Visa Cardholder Name: Expiration Date (Month/Year): Cardholder Signature: Expiration Date (Month/Year):	\square YES! Please make this	a recurring mor	nthly donation and	suport our veteran	s or service members with a monthly gift	
Company Name: Last Name:	☐ \$19/month	ı □ \$25/mont	h 🗆 \$30/month	□ Other \$	/month	
First Name: Last Name:	Donation Infortmati	on:				
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City: State: Zip Code: Country: Phone Number: Phone Number:	First Name:			Last Name:		
Country: Phone Number:	Address:					
Email Address: YES! I would like to receive email communications from Smartphones for Sercvice Members (i.e., updates on events, programs, etc.). My check is enclosed and made out to Smartphones for Service Members. Please charge my credit card. Credit Card Information: Card Type: AMEX Discover MasterCard Visa Cardholder Name: Expiration Date (Month/Year): Cardholder Signature: Credit Card Billing Information:	City:			State:	Zip Code:	
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Cardholder Signature: Credit Card Billing Information:		\square Discover	■ MasterCard	□ visa		
Credit Card Billing Information:	Card Type: □ AMEX					
	Card Type: □ AMEX Cardholder Name:					
(If the billing address is different from the donor information, please enter the billing information below.)	Card Type: □ AMEX Cardholder Name: Card Number:			_ Expiration Date	(Month/Year):	
	Card Type: ☐ AMEX Cardholder Name: Card Number: Cardholder Signature:			_ Expiration Date	(Month/Year):	

State: _____ Zip Code: _____