

NWFMOA COMMUNITY OUTREACH DONATION FORM

Please accept this gift of _____ to support the NWFMOA Community Outreach Fund. All funds donated will be used only and solely for the purpose designated below.

Donor Information (if not printed on check):

Name _____

Address _____

City _____, ST _____ ZIP _____

Donation is tax deductible to the extend allowed by law.



This donation is in honor of: _____

Please select NWFMOA Community Outreach Initiative(s) to apply donation.

E4 and Below Base Commissary Gift Card (Thanksgiving)

Amount: _____

Wreaths Across America (Purchase wreaths and place on Veteran's graves—December Annually)

Amount: _____

General Community Outreach Account (Fund New Outreach Initiatives)

Amount: _____

Apply Equally Across All Community Outreach Categories Listed Above

Please make payable to: **NWFMOA Community Outreach Fund**, and mail to: **Treasurer, NWFMOA, P.O. 1213, Shalimar, FL 32579.**

NWFMOA IS A 501(C)19, IRS REGISTERED VETERAN ORGANIZATION. DONATIONS ARE TAX EXEMPT AS PROVIDED BY LAW. PLEASE CONTACT YOUR TAX PREPARER FOR INSTRUCTIONS REGARDING HOW TO CLAIM TAX DEDUCTION FOR DONATIONS.