



MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):

City: _____ State: _____ Zip Code: _____

Country: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

By providing your email address and/or phone number, you will receive disaster news and alerts, upcoming events and other ways to get involved with the Red Cross. You may unsubscribe at any time.

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to NWIRA.

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

OR Become a NWIRA Champion!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$_____ per month.

YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 219-750-1206.

Your questions and feedback are very important to us. Please feel free to contact us at 219-750-1206. Thank you for your support.

Please mail this completed form to: NWIRA | 5209 Hohman Ave Suite 123 | Hammond, IN 46320