

I/We want to help homeless and at-risk veterans by making a donation to MSHV in the amount of:

\$1,000    \$500    \$250    \$100    \$50    \$25   Other Amt. \$ \_\_\_\_\_

I want to make the most impact by making this a monthly donation. (credit only)

Starting: (Month/Year) \_\_\_\_ / \_\_\_\_

Remember, you may also want to check with your employer for matching gift opportunities.

Please indicate if this donation is:    \_\_\_\_ in Honor of    \_\_\_\_ in Memory of (*departed*)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Service Branch: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

(please list your name(s) as you wish to be known by MSHV)

SPOUSE/PARTNER'S FULL NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

I wish to remain anonymous (exclusion from public recognition and materials):

\_\_\_\_\_ For this gift    \_\_\_\_\_ For all gifts

Enclosed is my check payable to MSHV, Inc. (for one time gifts only)

Please charge my credit card:    VISA    MASTERCARD    AMEX    DISCOVER

CARD NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_    EXPIRATION DATE: \_\_\_\_/\_\_\_\_-\_\_\_\_

SECURITY CODE: \_\_ \_\_ \_\_ (on back of card)

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

**Thank you for your support of Midwest Shelter for Homeless Veterans!**

Midwest Shelter for Homeless Veterans, Inc. is a registered 501(c)3 and your donation is tax deductible to the extent of the law.

**Please mail this form to:**

MSHV, Inc.  
433 S. Carlton Avenue  
Wheaton, IL 60187