

# Donation Form



Please mail the bottom of this form with your donation to:

**HonorBand c/o American Athletes Helping Americans, Inc.**  
PO Box 240218  
Charlotte, North Carolina 28224

For mailed donations, please fill this form out completely and legibly to avoid processing delays.

Your gift is tax-deductible to the extent allowed by the law.

Your gift to the HonorBand organization helps spread our message of nonviolence to all communities. It insures that we can distribute HonorBands, posters and other materials can be distributed to classrooms and schools across the country.

**Donate online:** [www.honorband.org](http://www.honorband.org)

**Donate by phone:** 704-564-3499

## Donor contact information

Individual contribution    Corporate contribution

First name \_\_\_\_\_ middle initial \_\_\_\_\_ last name \_\_\_\_\_ company \_\_\_\_\_

Mailing street address \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

## Donation information

### Amount:

\$5,000    \$2,500    \$1,700    \$1,000    \$500    \$250    \$100   Other \_\_\_\_\_

I'd like for my gift to be a monthly gift of \$ \_\_\_\_\_ beginning \_\_\_\_\_

My company will match my gift! Company name: \_\_\_\_\_

### Method of payment:

Check (Please make payable to Honorband)

Credit card

Type:    VISA    MASTERCARD  
           AMEX    DISCOVER

Name (as it appears on card) \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_

### Tribute card information

In  Honor    Memory (check one)

In honor/memory of name: \_\_\_\_\_

Mailing street address \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_

How your name should appear on the tribute card  
(e.g. Mrs. Smith, Smith & Co., Smith Family)

Check if you do not want a card sent to the recipient