

**Please mail this completed form to:  
William R Gaines Jr. Veteran  
Memorial Fund 13280-36, Unit 121  
Port Charlotte, FL 33952**

## Donation Form

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

**Today's Date:** \_\_\_\_\_

**Amount of Check:** \$ \_\_\_\_\_ (Please make payable to the:  
William R Gaines Veteran Memorial Fund Inc).

**Donor Name:** \_\_\_\_\_

**Organization Name** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Email:** (optional) \_\_\_\_\_

**Telephone Number:** (optional) \_\_\_\_\_  Home  Mobile

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*Your questions and feedback are very important to us. Please feel free to contact us at  
[wrgainesjr.org](http://wrgainesjr.org) or call 1-813-785-6709. Thank you for your support.*