I WILL DONATE $ _____ TO THE ASSOCIATION OF THE UNITED STATES ARMY

☐ **ONE-TIME GIFT** ☐ **MONTHLY GIFT** ☐ **ANNUAL GIFT**

Member # *(Optional)*: _____

Full Name(s): _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ ☐ **CELL** ☐ **HOME**

Email: _____ @ _____

☐ **DONATE BY CHECK** *(please ensure checks are payable to the Association of the United States Army)*

☐ **DONATE BY CREDIT CARD**

Card #: _____ Exp. Date: _____

CVV #: _____

Name as it appears on card *(please print)*: _____

Billing Address: ☐ **SAME AS ABOVE** _____

City: _____ State: _____

Zip: _____

Email *(required)*: _____ @ _____

Your Signature: _____ Date: _____

SEND DEDICATION LETTER *(OPTIONAL)*

Please make my gift: ☐ **IN MEMORY OF** ☐ **IN HONOR OF**

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Who is this dedication from? _____

QUESTIONS?

Contact the AUSA Giving Team at
ausagifts@ausa.org

SCAN TO:

ausagifts@ausa.org

MAIL TO:

Association of the United States Army
PO Box 3368
Merrifield, VA 22116