



I will donate \$ _____ to the
Southern Pines Veterans Day Parade in
The Sandhills (SPVP).

☐ MONTHLY DONATION ☐ ONE-TIME DONATION

☐ MULTI-YEAR DONATION for _____ years

*Making your donation online saves time and expense, allowing us
to do more with every dollar. Please consider donating online.*

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

☐ I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ ☐ Visa ☐ MC ☐ Disc ☐ AmEx

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

Billing Address: ☐ same as shipping _____

City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____

☐ I WILL PAY WITH A CHECK. (please ensure checks are payable to Children of Fallen Heroes)

_____ OPTIONAL INFORMATION _____

☐ Yes! I wish to have this gift remain anonymous.

☐ Yes! Subscribe me to your electronic newsletter.

☐ Yes! Send me an electronic note on my birthday. Day: _____ Month: _____ Year: _____

☐ Yes! I would like information about including the Children of Fallen Heroes in my estate plans.

Thank you for supporting our mission through your generous contribution.

Southern Pines Veterans Parade in the Sandhills Federal Taxpayer I.D. #81-0800340