



## **NWFMOA DONATION FORM**

Please accept this gift of \$ \_\_\_\_\_ to support the NWFMOA Chapter. All funds donated will be used to support the Chapter in its operation as a 501(c)19 Veteran Organization. This gift is tax deductible to the extent allowed by law.

### **Donor Information (if not printed on check):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

This donation is in honor of (optional):

\_\_\_\_\_

**Please make payable to: NWFMOA, and mail to:  
Treasurer, NWFMOA, P.O. 1213, Shalimar, FL 32579.**

NWFMOA IS A 501(C)19, IRS registered Veteran Organization, FEIN 23-7434498. DONATIONS ARE TAX EXEMPT AS PROVIDED BY LAW. PLEASE CONTACT YOUR TAX PREPARER FOR INSTRUCTIONS REGARDING HOW TO CLAIM TAX DEDUCTION FOR DONATIONS.