

Mail-In Donation Form

Name					
Address					
City, State, ZIP					
E-mail Address We will NOT share your email address					
	Enclosed is my	closed is my check for \$ (Make checks payable to HBW FUND)			
	Please charge my gift of \$		to the credit card selected below.		
	□ Visa	☐ MasterCard	☐ American Express		
Acc	ccount NumberExpiration Date				
Nar	me as it appears	on card			
Sigr	nature (required)				
	□ I want to join HBW Fund's monthly Mentor program. This select group of supporters provides the reliable support HBW Fund needs to continue its important work. Please charge my credit card each month in the amount of \$ I have provided my credit card information above. Please put my gift to work immediately.				
	I would like my gift to be invested in the Hunter Watson Legacy Fund, an Endowment to insure the work of the Fund continues into the future.				
Plea	ase mail this for	m, along with your	donation, to:	THANK VOLU	

Please mail this form, along with your donation, to Hunter Watson Memorial Fund P.O. Box 326 McLean, VA 22101

THANK YOU!

Your gift will make a difference to those we help. We appreciate your support.

Hunter Watson Fund is a 501(c)(3) tax-exempt organization (EIN number 83-0574041). Gifts to the Fund are tax-deductible. No goods or services are ever sent in exchange for gifts.