



Donation Form

SCC will send the donor a tax receipt. Thank you!

Donor Information (print or type)

Name	
Company (<i>Optional</i>)	
Mailing address	
City and State	
ZIP Code	
Billing address (<i>for credit cards</i>)	
Telephone (home/business)	
E-Mail	
Other	

Donation Information

I (we) donate a total of \$ to be paid: **now** **monthly** **quarterly**.
 Your donation by: **check** (enclosed) **credit card** (fill in info) **other**.

Matching gift: Gift will be matched by _____ (company/foundation) and appropriate form is enclosed or will be forwarded.

Credit card type	<input type="checkbox"/> Mastercard or <input type="checkbox"/> Visa
Credit card number	
Exp. date (xx/20xx)	<input type="text"/> / 20 <input type="text"/> CVC2 (3 numbers) <input type="text"/>
Authorized signature	

Acknowledgement Information

Memorial or Celebration donations: Please use the following name(s) and address and any other information in the acknowledgements (attach another sheet as needed):

I (we) wish to have our gift remain anonymous.

Please make checks, gift matches (company/foundation), or other gifts payable to:

Stroke Comeback Center
 145 Park Street, S.E.
 Vienna, VA 22180

If you need information call (703) 255-5221 or email info@strokecomebackcenter.org