



DONOR / PLEDGE FORM

Donor Name(s) _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Email _____

(By signing below, I/we are committing to the following donation/pledge to the VFR Memorial at Fairfield Glade)

Amount: \$ _____

PAYMENT INSTRUCTIONS

___ I am fulfilling the entire pledge at this time.

___ I will pay the entire pledge on /or before _____ (please send me an invoice two weeks prior).

___ I would like to be billed in ___ installments of \$ _____. ___ Monthly ___ Quarterly ___ Annually

Beginning on (date) _____ Ending on (date) _____.

___ Check Amount _____ (**Payable to Veterans & First Responders Memorial**)

___ Cash Amount _____

To pay by credit card: Visit www.VFRMemorial.com and click on Donation Button

CONFIRMATION

Signature _____ Date _____

*All donations are tax deductible less the value of any goods and/or services received.
Confirmation Statements are mailed/emailed in January for all donations received.*

Veterans and First Responders Memorial at Fairfield Glade
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www.VFRMemorial.com