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DAV National Service Foundation

P.O. Box 145525

Cincinnati, OH 45250-5525

Enclosed is my check or money order in the amount of \$_____.

Name _____

Address _____

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State _____ Zip Code _____

Contact Number (optional) _____

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My gift is in memory of:

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Please notify the following family member or friend of my memorial / honorary gift:

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CREDIT CARD INFORMATION

Charge my credit card in the amount of \$_____

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Yes make my gift monthly (please check)

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