



Donate by Mail Form

Please print and mail to:

National Center for Victims of Crime
3434 N. Washington Blvd
Suite 1100
Arlington, VA 22201

If donating by credit card, you may also fax this form to 202-467-8701.

Name: _____
Street Address: _____

City/State/Zip: _____
Phone: _____ **E-Mail:** _____

YES! I would like to make a donation of:

\$50 \$100 \$250 \$500 \$1,000 \$5,000

Other Amount: \$ _____

My gift is in honor/memorial of: _____

Please provide a name and address if you would like an acknowledgment letter sent on behalf of the honoree.

_____ I would like to donate by check (enclosed)
Payable to "National Center for Victims of Crime"

_____ I would like to donate by credit card:

American Express · Discover · MasterCard · Visa

Please charge my:

Cardholder's Name:

Expiration Date:

Signature: _____

Thank you for your Support!