Donate by Mail Form

Please print and mail to:

National Center for Victims of Crime
PO Box 101207
Arlington, VA 22210

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/memoriam 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!