



Please mail this form with your gift to:
BlueStar Senior Veterans Foundation
7654 Standish Pl
Rockville, MD 20855

Donation Information

Donation Amount: \$ _____
Company: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

I would like to make my gift by: Check Credit Card
Please make all checks out to "BlueStar Senior Veterans Foundation"

Credit Card Information

Card Type: Visa MasterCard Discover Amex
Name on Card: _____
Card Number: _____ Exp. Date (MM/YY): _____
CVV: _____ Cardholder Signature: _____

My billing address is the same as above.

Address: _____
City: _____ State: _____ Zip Code: _____

Honoree Information

My gift is: in honor of in memory of
Honoree's Name: _____
Please send acknowledgement of my gift to the person below via: Email Postcard
Recipient Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

*Your donation amount will not be disclosed.