



Donation Form

Please send donation along with this form to:
Sentinels of Freedom, PO Box 1316, San Ramon, CA 94583

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other: \$ _____

I want to become a monthly donor. Make this my first gift of \$ _____

If you would like, SOF will set up a monthly automatic credit card charge with the information below or a bank account transfer using the information on your enclosed check. You may cancel/suspend at any time.

Name _____ Anonymous

Billing Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

This gift is In Memory of In Honor of

Send Acknowledgement to _____

Address _____

A check, payable to Sentinels of Freedom, is enclosed.

Please charge my Credit Card.

No. _____ Expiration _____ CVC _____

Name on card (please print) _____

Signature _____ Date _____

To include SENTINELS OF FREEDOM in your estate plans, or donate stock, please contact us for information. You can also donate online at www.sentinelsoffreedom.org/donate.

Thank you for your generous support!

P.O. Box 1316
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