



AFAS Credit Card Donation Form

If you prefer to mail in your information, simply fill out this form and mail to:

Air Force Aid Society Headquarters

241 18th Street, South ▪ Suite 202 ▪ Arlington, VA 22202

703-607-3073 ▪ DSN 327-3073 ▪ 1-800-769-8951

(* = Required Field)

* **Date:** _____

* **Type of credit card:** ____ MasterCard ____ VISA ____ Discover ____ AMEX

* **Credit card number:** _____

* **Name as appears on credit card:** _____

* **Expiration date:** _____ (example: 06/06)

* **Amount of donation:** (Numbers Only.) \$ _____

* **Type of donation:**

____ General donation ____ Operation Helping Hand ____ Memorial donation

____ Undesignated Education Fund ____ Designated Education Fund: Named Award ____

____ Sammy Rabbit Performances

(** = Required for Memorial donation)

** **Name of person to memorialize:** _____

** **Rank/Title:** _____

Name and relationship of next of kin: _____

Address of next of kin: _____

City: _____ **State:** _____ **Zip Code:** _____

* **Donor's Rank/Title:** _____

* **Donor's address:** _____

* **City:** _____ * **State:** _____ * **Zip Code:** _____

Phone Number: _____

E-Mail: _____