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:

Please charge my: American Express   Discover   MasterCard   Visa

Cardholder’s Name: ________________________________
Card Number: ________________________________
Expiration Date: _________   Signature: ________________________________

Thank you for your Support!