



## 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/memorial 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!**