



Printable Donation Form

MAIL COMPLETED FORM AND CHECK TO: P.O. Box 68, Hartfield, VA 23071

Donation amount: \$ _____

Check # _____

Your Information. This will be used to provide you a tax receipt.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Are you dedicating this donation to another person as a gift?

No Yes, my donation is in honor of _____

Would you like CAP to send a card to someone as notification of your gift donation? Your gift amount will not be included.

No, do not send a card. Yes, send a card to:

Recipient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Personal message: _____

How would you like your donation to be used?

General Support

Rebalance Earth Partnership Project

Follow The Guns Methodology

Other: _____

Conflict Awareness Project respects your privacy. The information provided on this form will not be used for any marketing purposes by CAP unless your consent is provided below, nor will it be sold or provided to any third parties. The information collected is strictly used for the purpose of your donation only.

Do you give CAP your permission to use your name in public forums recognizing you as a donor? Donation amounts will not be publicized.

Yes, I give my consent to list my name publicly as a donor No, keep my donation publicly anonymous

Would you like to be added to CAP's mailing list?

Yes, I give my consent to receive information from CAP No, please do add me

THANK YOU!