



I am pleased to enclose my
tax-deductible contribution
to help Indy's homeless
veterans!

**HVAF 25 for 25
Giving Program**

*Support HVAF by becoming a monthly donor. Give \$25 a month
for 25 months to help celebrate HVAF's 25 years of supporting
veterans and their families.*

Check enclosed Mastercard Visa Other: _____

I'd like to provide monthly support to HVAF in the amount of \$_____ for the next 25 months

I'd like to make a one-time gift to HVAF in the amount of \$_____

Credit Card # _____ Expiration Date _____ CVV _____

Signature _____

Name as it appears on card _____

Billing Address for card _____

E-mail Address _____

Thank you for supporting HVAF of Indiana, Inc.!