

Sponsorship Form

Please complete this form & fax to (727) 724-9591, or mail to:
Veterans Detoxification Project, 22073 US HWY 19 N., Clearwater, FL 33765

Name and/or Business Name

Address

City

State

Zip

Phone

Fax

Email

Is this donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory Honor of: _____

Please Check One:

I would like to Sponsor ____ Veteran(s) at \$6,000 each.

In exchange, I will receive the results and any testimonials from my sponsored veteran and be listed as an "Official Sponsor" of the Veterans Detoxification Project. (I'll receive an "Official Sponsor" logo that I can use in my business advertising.)

I am unable to Sponsor A Veteran at this time, however, I would like to make a tax deductible donation to this project in the amount of \$ _____ .

Payment Information:

One Time Payment of \$ _____

Monthly Payments of \$ _____ for _____ mos. (12 mo. maximum)

Visa MasterCard Discover American Express

Check (made payable to Veterans Detoxification Project)

Credit Card Number

Expiration Date

Card Holder Name (as it appears on card)

3 Digit Security Code

Card Holder Signature

Today's Date



**VETERANS
DETOXIFICATION PROJECT**
Restoring the health of those exposed to **battlefield contaminants.**

NOTE: Your personal contact information is treated confidentially, and is not sold to third parties for any reason. The Veterans Detoxification Project is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Project are tax-deductible to the extent allowed by law. Please consult a tax professional with any questions. Thank you for your support!