



The SAM Center

Serving Area Military, Veterans and their Widows

413 Lincoln Way East, Massillon, Ohio 44646

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support@servingareamilitary.com

www.servingareamilitary.com



DONOR FORM

Name		Organization
Address		
City, ST, Zip		
Phone	Email	
Date	Our 501 (c) 3 Non-Profit ID: # 47-2927411	

Please Check All That Apply

<input type="checkbox"/>	I / we would loike to sponsor _____ clients Thanksgiving feast. Number _____ X \$ 60.00 = _____
<input type="checkbox"/>	I/we will be purchasing items on the Thanksgiving list and bringing them to the SAM Center.
<input type="checkbox"/>	I/we would like to donate \$ _____ towards purchasing Christmas presents.
<input type="checkbox"/>	I/we would like information on purchasing Christmas gifts for military children in need.
<input type="checkbox"/>	I/we would like to volunteer on 19 November to put together the Thanksgiving feasts.
<input type="checkbox"/>	I have an organization that would like to host a Thanksgiving or Christmas drive for the SAM Center.
<input type="checkbox"/>	Enclosed is a financial contribution to the SAM Center in the amount of \$ _____.

Payment Method

Credit Card Number	Exp Date	3 Digit Code
A check is enclosed Check Number: _____		

Thank you for supporting our Veterans and their Families!

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