



Vietnam Veterans Memorial Fund Honor Guard

It will be a privilege to be an Honor Guard for the Vietnam Veterans Memorial Fund. I am authorizing my bank to transfer to the Memorial Fund each month the amount shown below in accordance with the terms and conditions at the bottom of this form.

AMOUNT OF MONTHLY DONATION: \$

Please complete the information requested below, and return this portion of the form along with a check for your first month's gift. This will serve as notification to your bank that you wish to have this amount directly transferred each month.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Signature _____ Date _____

My authorization to charge my account at my bank shall be the same as if I had personally signed a check to the Vietnam Veterans Memorial Fund. This shall remain in effect until I notify my bank or the Memorial Fund that I wish to end this agreement.

A record of each charge will be included in my regular bank statement and will serve as my receipt.

Please detach and keep for your records.

I authorize my bank to pay the amount below to the Vietnam Veterans Memorial Fund the amount below in accordance with the terms and conditions at the bottom of this form.

Monthly Donation: _____ Date: _____

My authorization to charge my account at my bank shall be the same as if I had personally signed a check to the Vietnam Veterans Memorial Fund. This shall remain in effect until I notify my bank or the Memorial Fund that I wish to end this agreement.

A record of each charge will be included in my regular bank statement and will serve as my receipt.