



CENTER FOR  
VETERANS  
RESEARCH AND  
EDUCATION



## Donation Form

### Donor Information (please print or type)

Name:

Billing Address:

City, State, Zip code:

### Donation Information

Donation amount (US Currency Only):

I (we) elect to make this donation in the form of:  Personal Check  Cashiers check/Money order

The donation will be matched by (company/family/foundation):

Form enclosed  Form will be forwarded

I would like my donation to benefit (area of research or division; i.e., Surgery, MADE, Spinal Cord Injury, PTSD):

100% of your gift is used for the purpose you choose.

### Acknowledgement Information

Please use the following name(s) in all acknowledgements (e.g. website, newsletter, outreach materials)

I(we) wish to have our donation remain anonymous.

Signature(s)

Date

Please make checks or corporate matches payable to:

Center for Veterans Research and Education  
Attention: Cody Arnold  
1 Veterans Drive (151)  
Minneapolis, MN 55417