

# I Want to Help Lazio Recover!

*\*Required Information*

## HERE IS MY CONTRIBUTION:

☐ \$15   ☐ \$25   ☐ \$75   ☐ \$100   ☐ \$250   ☐ Other \$ \_\_\_\_\_

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Address2: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### \*Payment Type (check one):

☐ AMEX   ☐ VISA   ☐ MasterCard   ☐ My check is enclosed. *(Payable to Sons of Italy Foundation)*

Credit Card Number\*: \_\_\_\_\_

Expiration Date\*: \_\_\_\_\_ CVV\*: \_\_\_\_\_

### \*Please provide name and address on credit card, if different than information above.

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Address2: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

### Return this form to:

Sons of Italy Foundation  
Attn: Earthquake Relief  
219 E Street, NE  
Washington, DC 20002

By email: [sif@osia.org](mailto:sif@osia.org) (with the subject earthquake relief)

By fax: 1-202-546-8168