

DONATION FORM

I am proud to support the critical mission of the Semper Fi Fund with the following donation.

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Date:	Donation Amount: \$	One-Time Monthly
Organization/Company Name:_		
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Email:	Phone Number:	Please complete, print and return this form to:
☐ In Support Of an Event:		Semper Fi Fund 825 College Blvd, Suite 102 PMB 609 Oceanside, CA 92057 Questions: info@semperfifund.org Please make check payable to "Semper Fi Fund"
(Name of Person "In Memory Of"/ "In Honor Of" card should be mailed to) Address:		
Please include me on your e-ne	wsletter distribution list.	

The Semper Fi Fund is a 501(c)(3) non-profit organization

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