

Donation Form

Thank you for helping SWANA to continue to deliver our mission. Your support helps ensure a huge impact today, tomorrow, and in the future!

1. Donor Information

First name					Last name		
Organiza	tion/Com _l	pany					
Preferred Mailing Address				City	State/Province Zip/Postal Code		
Work Phone			Cell Phone		Email Address		
2. Don	ation O	ptions					
\$25	\$50	\$100	Other				
3. Payr	nent O _l	otions					
Please allow four (4) weeks for processing					Check: SWANA		
Amount Due \$					SWANA8484 Georgia Ave., Suite 230Silver Spring, MD 20910		
VISA	AMEX	МС	Discover		ACH/Wire: Please email membership@swana.org to get ACH/Wire details.		
Card Number			Exp. Date	CVV	Contact Information: Phone: 1-800-467-9262 Email: membership@swana.org		
Please print name as it appears on card							
Signature	9						
Please	e send rec	eipt to the	e above emai	l address			

Please check our initiatives at SWANA.org/News. Thank you for your continued support of SWANA!

SWANA is a 501(c)3 organization; federal Tax ID: 91-1027785. Your donation may be tax-deductible, but we encourage you to confirm this with your tax advisor.