



DEDICATED TO HEALING THE INVISIBLE WOUNDS OF WAR

SUPPORT THE INVICTUS FOUNDATION'S MISSION

Your donation will help restore the lives of struggling men, women and children in our Nation's Armed Forces touched by the experience of war by providing behavioral health counseling and ongoing outreach services and programs **regardless of their ability to pay.**

It is not our intention that this request cause feelings of obligation for financial participation. You are invited to join as a partner in this Charity only as you feel led to want to live your life outwardly for the benefit of others. We believe our Countrymen will meet the need presented here through those who respond.

Enclosed is my check for \$ _____

I would like to make a one time donation. Please bill my credit card:

Type: MasterCard VISA American Express Discover

Card #: _____

Exp. Date: _____ Card Security Code: _____ What's this? (usually the last 3-4 digits on the signature panel)

Amount: \$ _____

Name: (as it appears on your card) _____

Address: _____

City: _____ State: _____ Zip: _____

Please send acknowledgement of this donation to: (email address or postal address)

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone/Ext: _____ Email: _____

Would you like to receive updates and news from Invictus Foundation? Yes No

Email Newsletter: The Invictus Foundation will send out an annual email newsletter with updates.

I do not want to receive the Invictus Foundation email newsletter

All contributions are tax deductible.

Please send contributions to: The Invictus Foundation • 5412 NE 6th CT Ste. 200 • Renton WA 98059-4982