

Please print this form to mail your gift to  
Sioux Nation Relief Fund



\* = required information

Form Number: EM1280

Donation Amount\* \$ \_\_\_\_\_

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_  
\_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_  
(In case we need to contact you regarding the charge)

E-mail \* \_\_\_\_\_

I prefer to make my donation by:

\_\_\_\_ Check or Money Order (made out to "SNRF")

\_\_\_\_ Credit Card (please enter information below)

Check Credit Card Type:  American Express  Mastercard  Visa  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail your gift to:**

Sioux Nation Relief Fund  
PO Box 1841  
Merrifield, VA 22116-9605

Thank you for choosing to support SNRF in our efforts to build strong, self-sufficient Native American Communities. Your gift will have an immediate and lasting impact in the communities we serve. Please give generously.