



FITSI Foundation Personal Donation Form

Please mail or fax this to the following information:

FITSI Foundation
3213 Duke St #220
Alexandria, VA 22314
703-754-8215

Personal Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ POC: _____

Donation Amount (Please Select One)

_____ - \$5 _____ - \$10 _____ - \$20 _____ - \$35 _____ - \$50 _____ - \$75 _____ - \$100

_____ - Other

Payment Method: Check: _____ Visa _____ MasterCard _____ AMEX _____

Credit Card Approval

I (Name on Credit Card), _____, hereby agree to allow FITSI Foundation, to charge my MasterCard/Visa/AMEX (please circle correct card) account number _____, security code _____ expiration date _____ in the amount of \$ _____ for the Donation Amount selected above.

I am fully authorized to use this credit card and hereby accept the terms and conditions of the credit card company to pay for the above charges.

Credit Card Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

Program to Support

_____ Wounded Warrior Cyber Combat Academy

_____ General research in cybersecurity

_____ General education in cybersecurity

_____ No program selected