

MAIL-IN DONATION FORM

Please print this form and complete the information below

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization): _____

ADDRESS INFORMATION Use information on my enclosed check

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

Country: _____ State: _____ City: _____ Zip Code: _____

Email (optional): _____ Phone (optional): _____

PAYMENT INFORMATION

One Time Gift Amount: _____

I'm enclosing my check made payable
to Volunteers of America

Please charge my credit/debit card

Visa

MasterCard

American Express

Discover

Cardholder's Name: _____

Card Number: _____

ExpirationDate: _____

OR Become a Hero!

Your monthly gift can
make a meaningful
difference!

Please bill my credit/debit
card in the amount of
\$_____ per month.

You may cancel or change this amount at any time
by calling 703-341-7067.

Your questions and feedback are very important to us. Please feel free to contact us at www.voa.org or call 1-800-899-0089. Thank you for your support.