



**VIRGINIA
HEALTH CARE
FOUNDATION**

Donation Form – Please Mail to Above Address

Yes! Now more than ever, I want to support the Virginia Health Care Foundation.

I. CONTACT INFORMATION

Name (as you wish it to appear in VHCF publications) _____

Address _____

City _____ State ____ Zip _____

Phone (day) _____ (evening) _____ E-mail _____

(Thank you for providing this information, so we may contact you if a clarification is needed in processing your donation.)

II. GIFT & PAYMENT METHOD

Gift amount \$ _____

Check enclosed (payable to VHCF).

Credit Card - select one: MasterCard Visa American Express

My Card # _____ Exp. Date ____/____ CCV _____

Name on card _____ Signature _____

III. SPECIAL HANDLING

My contribution is made: In honor of _____

In memory of _____

Relationship to donor _____

Please send an acknowledgement of my gift to:

Name _____

Address _____

City _____ State ____ Zip _____

Please apply my gift:

To the area of greatest need.

To help Virginia's health safety net provide more services.

To provide Rx medicines to the uninsured.

To increase the number of children with health insurance.

IV. ADDITIONAL INSTRUCTIONS

I have enclosed my employer's matching gift form.

Please contact me: I plan to give a gift of stock. I would like to include VHCF in my will.

I would like to recoup 40% of my cash/securities through a VA state income tax credit; please send an application. (Individual donors: \$500 minimum donation; Business donors: \$1000 minimum donation)

For more information about VHCF and ways of giving, please call (804) 828-5804

Your gift is tax deductible. Thank you for your contribution!

Virginia Health Care Foundation – **NEEDED NOW MORE THAN EVER.**