VIRGINIA HEALTH CARE FOUNDATION

707 East Main Street, Suite 1350 • Richmond, VA 23219 • **www.vhcf.org**
Phone: (804) 828-5804 • Fax: (804) 828-4370 • email: info@vhcf.org

Donation Form

Mail completed form to the above address.

Please help us make health care a reality for more uninsured Virginians today!

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.**