



Please print this form, complete the requested information and mail it, along with your check, to VHO, Inc., PO Box 2411, Reston, VA 20195 to ensure that we have accurate and complete information about your donation. Thank You!

Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Amount of Gift: _____

Is your gift in honor or memory of someone?

_____ No

_____ Yes, In Honor

_____ Yes, In Memory

If yes:

Name of person: _____

Would you like to notify someone about your donation in their honor/memory?

_____ No, do not mail a card

_____ Yes, mail to my billing address

_____ Yes, mail the recipient directly

Recipient Street Address: _____

City: _____ State: _____ Zip Code: _____