



Please print this form, complete the requested information and mail it, along with your check, to VHO, Inc., 3299 Woodburn RD. Suite 370 Annandale, VA 22003 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: \_\_\_\_\_