Donation Form

<i>x</i>			
/ Verm	ont Achiever	ment	Please send this form
			Vermont Achievement Cen
Cent	er		Development Office
Beca	use when families thrive, com	munities	Rutland, VT 05701
succeed			
			802-773-9656 FAX
Please print clearly.			
Donation Type (Please che	eck one option)		
\circ I want to make	a single gift of \$		
○ I want to make I would like my gift to bene	a monthly gift of \$ fit: (Please check one option)	totaling \$	
\circ The Vermont A	-		
	chievement Center Children's Foun	dation	
	conevenient Center Children's Found	uation.	
○ I'd like my gift	to benefit the following program at	VAC:	
Personal Information			
-	$(n) \circ Mr. and Mrs. \circ Ms. \circ Mr. \circ Mrs$		
	Last name:		
Street or PO Box:	c	tota and Zin:	
Dhone:	S	tate and Zip:	
Payment Information			
	ase check one option) Discover Card		
Name as it appears on your	credit card:		
Expiration Month	Year	Security Code	
-	I cal	•	
	Checks made payable to Vermont Ac		 C)
			,
Gift Information			
\circ This gift is not an honor	or memory gift.		
\circ I/We make this gift in n	nemory of		
• I/We make this gift in h	onor of		
Please notify the following	, that we have made this gift:		
· ·	n) Mr. and Mrs Ms Mr Mr		
	I	Last name:	
	c	tate and	
	C C	TOTO ONO	
City	S		

May we contact you?

○ Yes, please add me to your mailing list to receive publications, appeals for support and event invitations

○ No, thank you. I'd rather not receive mailings from Vermont Achievement Center.

If you have any questions regarding making a donation to Vermont Achievement Center please call 802-775-2395.

Thank you for your support.