



VIP Services, Inc. Gift Form

Thank you for your supporting our mission to *Provide a broad range of services that empower people with disabilities or barriers toward achievement, purpose, and belonging within our community.* We can't do what we do without support like yours!

Please make checks payable to **VIP Services, Inc** and mail to:

VIP Services, Inc
331 E Geneva St
Elkhorn, WI 53121
attn: Executive Director

If your company has a matching gift program, please be sure to let them know of your generous contribution.

THIS GIFT IS FROM

Name *(first, middle initial, last)*:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Amount: \$25 \$50 \$100 \$250 \$500 \$

 Visa MasterCard Check #

Name as it appears on credit card:

Credit Card Number:

Expires *(mm/yy)*:

Signature:

Please print name(s) as you would like them to appear in any VIP Services, Inc. publications:

If you prefer to remain anonymous, please check the box.

My / Our gift is *(please complete if applicable)*

In Honor of:

In Memory of:

Please send notification of this tribute to

Name:

Address:

City:

State:

Zip Code: