



Please mail to: **VIM**
2300 NE Neff Rd
Bend, OR 97701
Attn: Joe Farmer
541.330.9054

Contribution and Pledge Form

Gift by Check:

Enclosed is my/our check for: \$ _____
(Please make checks payable to *Volunteers in Medicine*)

Gift by Credit Card:

Please charge \$ _____ to my credit card. _____ VISA _____ MasterCard
Card # _____ Expiration Date: _____
Signature: _____ Date: _____

Pledge:

I/we intend to make a total pledge of \$ _____ to support VIM, with \$ _____
payable each (circle one) **Month** **Quarter** **Six-months** **Year**

Payments will begin on _____ and end on _____.

Donor Information:

Donor Name(s): _____

Address: _____

Telephone: _____ E-mail: _____

Title (if applicable): _____

Organization (if applicable): _____

Designated Gifts:

This gift is: _____ In memory of: _____ In honor of - Name: _____

If you would like us to send a letter to the honoree or the family of the deceased please include their address: _____

Other:

_____ please contact me about including VIM in my estate plan

_____ please send me the VIM Newsletter by email. Email address: _____

Comments: _____
