

Mail-In Gift Form



DONOR INFORMATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____

DAYTIME PHONE () _____ E-MAIL ADDRESS _____

- YES, I would like to be added to your e-mail list.
- YES, I would like to be added to your mailing list.

Vision Builders is exempt under Section 501(c)(3) of the Internal Revenue Code. This gift is tax deductible.

GIFT INFORMATION

- Adopt-a-Child \$260 (71 cents/day) provides education, food, clothing, medical care and housing for one child for one year.
- Other Amount \$ _____

I'm enclosing a check (Please make check payable to Vision Builders.)

Please charge my credit card for \$ _____

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

I would like to make my gift in honor or memory of someone.

In honor of _____

In memory of _____

SEND GIFT NOTIFICATION TO:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please mail completed form and your gift to:
VISION BUILDERS
P.O. Box 8392
Ann Arbor, MI
48107 USA

Thank you!