

I would like to help VVMC address the health issues facing our community.

Name (first, middle initial, last)

Address

City, State, Zip

Day Phone

Evening Phone

E-mail

My check is enclosed payable to VVMC Foundation

Please charge my credit card \$ _____

VISA

MasterCard

American Express

Card Number

Expiration Date

Signature

Specific or general use? (Please check appropriate box)

I want VVMC to determine the best use of my gift.

My gift may be used for capital or operating expenses.

I wish my gift to fund new initiatives at VVMC.

Please restrict my gift to the following program, department or facility.

Memorial or honorary gift?

My gift is in memory of (name of deceased).

My gift is in honor of (name of individual).

Please print and mail this form to:

The Foundation at VVMC
269 S. Candy Lane
Cottonwood, AZ 86326

For questions or information, contact: 928 639-6036