

## Cash/Check Donation Form

Donor Name(s):  Print name as you wish it to appear in the VIA Annual Giving Report				
Address:				
Phone #:		Email Address:		
My gift of \$ Enclosed check (Payable to the Village Improvement Association Enclosed cash Credit Card (see our website VIA-Doylestown.org)				ylestown)
Please designa	te this gift for: (optional)			
James-L	nity Response Fund orah Memorial Home erating Fund		eterans' Committee /elfare Fund /omen's Scholarship Fund	
Optional Tribute/M	lemorial Information			
Please designa	te this gift In Memory of In Honor of			or 
Send notificatio	n of this donation to:			
Name:				
Address:				
	tion ute and memorial names are listenation was received unless other			fiscal year
I wish to	remain anonymous	Do not pub	olish the name of the honore	e.
For addition	al information on ways to suppor	the VIA, plea	ase visit our website or conta	ct us at

The VIA is grateful for your contribution!

Donate@VIA-Doylestown.org.

595 West State Street, Doylestown, PA 18901

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