



VIA Veterans Committee Donation Form

Your Name: _____ Amount: \$ _____

Your Street Address: _____

Your City, State, Zip: _____

Donor Name(s) as it should appear in the Giving Report: _____

Optional: Please indicate if this donation is:

In honor of: _____

In memory of: _____

If you would like a letter to be sent to your honoree, please provide their address below:

Honoree's street address: _____

Honoree's city, state and zip: _____

*Please make checks payable to VIA and note "Veterans Committee" in the memo line and mail to:
VIA Office, Doylestown Hospital Administration – 2nd Floor
595 West State Street, Doylestown, PA 18901*

*Donations of any amount are very much welcome and we ask that you mail them to the above address.
Donors names will be listed in the VIA Annual Giving Report when provided. Those honored/remem-
bered will also be listed separately. Thank you for your support!*



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