



The Vail Veterans Program thanks you for your generosity!
Please print out this form fill it out and mail with your donation to:

Vail Veterans Program
PO Box 6473
Vail, CO 81658

Enclosed is my Tax-Deductible contribution of:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$ 100 |
| <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ 50 |
| <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ ____ Other |

Name

Billing Address

City, State, Zip Code

E-mail

Telephone

PAYMENT INFORMATION:

- Enclosed is a check made payable to the Vail Veterans Foundation
 Please charge my credit card

Visa Master Card American Express

Credit Card # _____

Expiration Date _____ CID _____