

I am making a gift of: \square \$25, \square \$50, \square \$100, or \square Other amount \$
Your Name:
Your Company/Organization:
Street Address:
City/State/Zip:
Phone Number:
Email Address:
Please use my gift:
☐ Where it is most needed
☐ Memorial/Tribute gift (see page 2)
☐ Other:
Check or Credit Card Information
Please make checks payable to Volunteers of America South Central Louisiana
If you wish to use a credit card please complete the information below.
Name on Card:
Card Type:
Account Number:
Expiration Date:

Please check that your name and address are correct to ensure proper preparation for your tax receipts.

Please complete this section ONLY if your gift is a Memorial or Tribute gift.

Memorial and Tribute gifts allow you to thoughtfully recognize family members and friends who have been an important part of your life with a tax-deductible gift that demonstrates your commitment to building a better community.

I want to reco-	gnize someone	with my	gift to	Volunteers	of America	South	Central	Louisiana.

My gift is In Honor of In Memory of	
Name:	
Please inform the following person(s) of my gift:	
Name:	_
Address:	-
City/State/Zip:	-
I/We would like to be recognized on the acknowledgement a	

Thank you for your investment in Volunteers of America South Central Louisiana!

Please mail this form to:
Volunteers of America South Central Louisiana
Development Department
7389 Florida Blvd., Suite 101A
Baton Rouge, LA 70806