



Gift Form

Through your support you are helping Volunteers in Medicine to bring quality health care services to the uninsured. Your gift is greatly appreciated.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone _____

- I would like my gift to remain anonymous.
- This gift is in honor of _____.
- This gift is in memory of _____.

Please make your check payable to ***Volunteers in Medicine*** and mail to:

Volunteers in Medicine
162 St. Paul Street
Burlington, VT 05401

If you have any questions about Volunteers in Medicine fundraising, or would like to speak to a member of our staff, please contact our office at (802) 651-0112.

All contributions are tax deductible. Thank you for your generous support!