



Volunteers in Medicine
of Southern Nevada

Submit this form when contributing by mail or fax.

**With my contribution, I join VMSN's efforts to serve the Southern Nevada community.
All contributions are US tax-deductible.**

Amount:

\$100___ \$250___ \$500___ \$1,000___ \$2,500___ \$5,000___ Other \$_____

___ Enclosed is a **check or money order** made payable to VMSN, Inc.

___ Please charge my **credit card** as listed below:

Credit Card: ___ Visa ___ MasterCard

Credit Card Number: _____ Expiration Date (mm/yy): _____

Signature of Donor: _____

Billing information for credit card:

Name of Donor (Printed): _____

Address: _____

City: _____ State: _____ Zip / Postal Code: _____ Country: _____

Email: _____ Phone: _____

Donor desires the contribution above be directed to general support of VMSN's mission.

Updates: Through regular updates and our annual report, we would like to keep you informed about all the life changing developments your support is making possible.

___ Yes, please keep me informed. ___ I prefer not to receive any information.

Recognition: We would like to acknowledge all of our supporters by name in our annual report; however, you can choose to make this gift anonymously:

___ Yes, you may acknowledge my gift. ___ I prefer this gift to be anonymous.

Honor or Memorial Gifts:

___ This gift is in **honor of:** _____

Address: _____

City _____ State _____ Zip/Postal Code _____

___ This gift is in **memorial to:** _____

Address: _____

City _____ State _____ Zip/Postal Code _____

Please print out this form and mail or fax to:

VMSN, Inc.

Attn: Executive Director
7437 South Eastern Avenue
Las Vegas, NV 89123

Phone: (702) 994-3760
Fax: (702) 262-9707

Thank you for your support of VMSN.