



TRIBUTE DONATION FORM

Please accept my gift to the Village Shalom Charitable Supporting Foundation:

\$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25 Other: \$_____

Payment Type: Check Credit Card: MasterCard VISA

Card Number: _____ Expiration: (Mo/Yr) ____/____

Cardholder Name (as it appears on your credit card): _____

Signature: _____ Date: _____

Donor Information:

Title (Circle one): Mr., Mrs., Ms., Dr., (Other) _____

Last Name _____ First Name _____

Spouse Title (Circle one): Mr., Mrs., Ms., Dr., (Other) _____

Spouse Last Name _____ First Name _____

Company/Org. Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Preferred Phone (____) _____ Email Address _____

This gift is: In honor of In memory of

Name _____ Occasion (if applicable) _____

Kindly notify the following individual(s) of this gift:

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Email _____

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Email _____

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Email _____

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____

Email _____

An appropriate notification card will be sent to acknowledge this gift; no dollar amount will be listed. Your gift is fully tax deductible, since no goods or services will be exchanged for this contribution.

PLEASE RETURN THIS FORM WITH YOUR SELECTED METHOD OF PAYMENT:

Mail: Village Shalom Charitable Supporting Foundation
5500 W. 123rd St.
Overland Park, KS 66209

Fax (Credit card payments only): 913-345-2611

QUESTIONS? Phone: 913-266-8412