



## DONATION FORM

**Please accept my gift to Village Shalom:**

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

**Payment Type:**  Check, payable to **Village Shalom**   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 \_\_\_\_\_

How would you like your name to appear in our donor list? \_\_\_\_\_  
Would you like your donation to be anonymous?  Yes

**You can designate your gift to be used in the following way:**

Financial Assistance Fund    Resident Programming Fund    General Operating Fund  
 Resident Health Services, Equipment and Capital Improvement    No Preference

**This gift is:**  In honor of    In memory of  
Name \_\_\_\_\_ Occasion (if applicable) \_\_\_\_\_

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

Name (s) _____	Name (s) _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone (____) _____	Phone (____) _____
Email _____	Email _____

An appropriate card will be sent to acknowledge this gift; no dollar amount will be listed. Your gift is tax deductible.

**PLEASE RETURN THIS FORM WITH YOUR SELECTED METHOD OF PAYMENT:**

Mail to: Village Shalom, 5500 W. 123<sup>rd</sup> St., Overland Park, KS 66209  
Fax (Credit card payments only): 913-345-2611

**QUESTIONS?** Phone: 913-266-8412