



Gift Form

Yes! I would like to make a contribution to Volunteers in Medicine to support the development of health care services for the uninsured. Enclosed is a check payable to *Volunteers in Medicine* in the amount of \$ _____.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

I would like my gift to remain anonymous.

This gift is in honor of _____.

This gift is in memory of _____.

A national solution to America's uninsured, one community at a time.

Please mail to:

Volunteers in Medicine
162 St. Paul Street
Burlington, VT 05401
(802) 651-0112

Contributions are tax deductible.
Thank you for your generous support!