

vinfen

transforming lives together

Yes! I want to help Vinfen transform lives!

1. Choose your level of support

___\$1,000 ___\$500 ___\$250 ___\$100 Other:_____

- I prefer to make monthly payments. Please charge my card \$_____ per month.
- My employer will match my gift; company matching gift form is enclosed.
- I'd like to learn more about bequests, planned giving and other ways to donate to Vinfen.

2. Tell us who to acknowledge

We will not share your personal information

Name: (as you prefer to be recognized): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: (for future newsletters and announcements): _____

3. Select how you would like your donation to help

- Where it is needed most to enrich the lives of those with psychiatric and developmental disabilities
- Lamson Health and Wellness Fund to improve Vinfen client health and well-being
- Angel Tree Fund to provide holiday gifts for those in Vinfen care
- Other: _____

4. Make this a tribute or a memorial gift

This gift is being given:

- In honor of: _____
- In memory of: _____
- In celebration of: _____

Please notify a family member about this gift.

Full name: _____

Address: _____

City: _____

State: _____ Zip code: _____

5. Select a method of payment

- Enclosed is a check payable to Vinfen
- Credit Card: ___Mastercard ___VISA ___American Express ___Discover

Card number: _____ Expiration: _____ CVV(three digit security code on back) _____

Cardholder's Name (printed): _____

Cardholder's Signature: _____

Thank you very much for your support of Vinfen!

Please print this form, fill it out and mail it to:

Vinfen, Development Office, 950 Cambridge Street, Cambridge, MA 02141

You may also fax this form to the Development Office at 617-441-1858 or telephone us at 617-441-1800 with questions.