

**Mail-in Donation Form**

Return to: VCCHS Foundation  
PO Box 321  
Ord, NE 68862



Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Method of Payment:

Check (*Please make checks payable to VCCHS Foundation.*)

Credit Card  Visa  MC  Discover

Card Number \_\_\_\_\_ CVV # \_\_\_\_\_

Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

Billing address (*if different from mailing above*) \_\_\_\_\_

This gift is made in  Honor  Memory of

Name \_\_\_\_\_

Department \_\_\_\_\_

Please notify the honoree or their family.  Please keep this donation anonymous.