



# Donation Form

Thank you for supporting VisionServeAlliance and all the work we do.

*(Please print)*

\_\_\_\_\_  
Complete Name

*(as it should appear in any online or print materials)*

\_\_\_\_\_  
email address

I wish to remain anonymous

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**My check is made payable to: VisionServe Alliance**

for my donation in the amount of:

\$50

\$100

\$250

\$500

Other: \_\_\_\_\_

**Mail your check and this form to: VisionServe Alliance,**

8760 Manchester Road, St. Louis, MO 63144

To dedicate your gift, please provide the following additional information, so we can also send an acknowledgement of your donation to:

\_\_\_\_\_  
Dedicated to/In Honor of:

\_\_\_\_\_  
Name - Send Dedication/Honor acknowledgment to:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Company (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

You can also make a secure online donation at  
[VisionServeAlliance.org/donate](http://VisionServeAlliance.org/donate)

*VisionServe Alliance is a registered 501(c)(3), so donations are tax-deductible to the fullest extent permitted by law.*