

Quality housing is the foundation for a vibrant and healthy community.

Your support builds the foundation.



I WOULD LIKE TO DONATE:

\$35 \$50 \$100 \$250 \$500 \$1,000

OTHER AMOUNT: \$ _____

A CONTRIBUTION OF GOODS OR SERVICES (DETAILS BELOW)

DONOR(S) TO BE ACKNOWLEDGED: [PLEASE PRINT]

I WOULD LIKE MY CONTRIBUTION TO BE **ANONYMOUS**

MY COMPANY HAS A MATCHING-GIFT PROGRAM. I HAVE INCLUDED MY FORM WITH THIS DONATION.

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

GIFT INFORMATION:

MY CHECK IS ENCLOSED, PAYABLE TO "AHIP"

I WOULD LIKE TO PAY BY MASTERCARD VISA DISCOVER AMEX

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION: _____

DESCRIPTION OF GOODS/SERVICES TO BE DONATED:

Questions? Please contact Jennifer Jacobs at 434-817-2447 x36 or jjacobs@ahipva.org
AHIP is a 501(c)(3) non-profit organization and all donations are tax-deductible.