

Make a Splash Donation Form

Donor Information:

Last: _____ First: _____ MI: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ E-mail: _____

Gift Information:

I (we) hereby contribute cash and/or assets to the Vector Physical Therapy & Aquatic Center
"Make a Splash Campaign".

I (we) would like to make a gift in the amount of: \$ _____ Amount Enclosed: \$ _____

I (we) wish to have this donation made over: 1 2 3 Year(s) Other **(circle one)**

Please charge the credit card provided: Monthly Quarterly Yearly Other **(circle one)**

Monthly Gift Club

I (we) would like to become of a member of the **Monthly Gift Club: The Vector Splashers**

I (we) wish to donate, monthly, at one of the following levels: \$10 \$25 \$50 \$75 \$100 **(circle one)**

(Membership to the Monthly Gift Club: The Vector Splashers, may be cancelled at any time)

Contribution Type:

I (we) plan to make our contribution in the form of: Check Credit Card Cash Other **(circle one)**

Please charge my credit card: Visa Master Card Discover **(circle one)**

CC #: _____ 3-digit security code: _____ EXP. _____

Signature as it appears on card: _____

Donor Recognition: *(Donors will be recognized unless an anonymous gift is requested.)*

Please use the following name(s) in all acknowledgements: _____

I (we) wish to remain anonymous.

Donor Signature(s): _____ Date: _____

I (we) have designated Vector Physical Therapy & Aquatic Center in my (our) estate planning.

I (we) would like to receive more information about Planned Giving.

Vector Physical Therapy & Aquatic Center
"Make a Splash Campaign"
2121 Myrtle Avenue, Eureka, CA 95501
(707) 442-6463 or www.vectorpt.org



Vector is a 501 (c)(3) nonprofit,
community benefit organization
Donations are tax deductible
Tax ID # 94-2600144