

Donate Life Virginia
9200 Arboretum Parkway, Suite 104
Richmond, VA 23236



Date:

Enclosed is my check in the amount of \$ _____ payable to Donate Life Virginia.

Contributor Name(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Type of Donation (please choose one):

- General Gift – Contribute to help educate Virginians about organ, eye and tissue donation.
- Memorial Gift – Contribute in memory of someone special.

In memory of: _____
(name of deceased)

Send acknowledgement letter to:

Name:
Address:
City, State, Zip:

- Honor Gift – Contribute to commemorate a special person or occasion.

In honor of: _____
(name of individual)

Occasion:

Send acknowledgement letter to:

Name:
Address:
City, State, Zip: