

DONATION FORM

Please **fill out** this form and **mail** to **CVAN PO Box 1749 Concord, NC 28026** along with your check, money order or credit card information.

| GIFT A | MOUNT: | | |
|------------------|---|-----------------------------|---|
| YOUR | INFORMATION: | | |
| Name: | | | |
| Addres | ss: | | |
| City: _ | | State: | Zip: |
| Phone | | | |
| Email: | | | |
| | This gift is in honor or memory | of | |
| | (circle one) | | |
| | Please mail an acknowledgement of my gift to: | | |
| Name: | | | |
| | ss: | | |
| City: _ | | State: | Zip: |
| | My check is enclosed. (payable | e to CVAN) | |
| | Please charge my contribution | to my: | □Visa |
| Credit | Card #: | | |
| Expiration Date: | | 3 digit cvv | code: |
| Signature: | | | Date: |
| | | | |
| | - | | are there to answer because you are here t to women and children in our communit |
| | For more information about | it donating, volunteering (| or domestic violence visit our |

website at <u>www.cvan.org</u> or give us a call at 704.788.1108.

If you are a battered woman, you can call our confidential 24-hour hotline at 704.788.2826.