



# donations

TO MAKE A DONATION PLEASE DOWNLOAD THIS FORM AND RETURN TO:  
CHIP OF VIRGINIA ♦ 701 EAST FRANKLIN STREET, SUITE 502 ♦ RICHMOND, VA 23219

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

I give my permission to have my name published as a contributor. Please use the listing specified above.

Do you or your spouse work for a matching gift company?  Yes  No

If yes, Company Name: \_\_\_\_\_

Amount of gift \$ \_\_\_\_\_

*Please make checks payable to CHIP of Virginia. All gifts are tax deductible.*