

# Donate to VIPS

## Make a Donation

- Yes, I want to help VIPS restore and heal the less fortunate through my gift of:
- \$1000    \$500    \$250    \$100    \$\_\_\_\_\_

### General Information

Name

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Address

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City/State/Zip




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Phone

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Please make your check payable to VIPS.  
Your gift is tax deductible in computing federal income tax.

### Billing Information

- Please charge my contribution to:    MasterCard     VISA     AMEX 

Card Number

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Exp. Date

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Signature

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- Please send me information regarding tax-wise planned gift opportunities
- I have already included VIPS in my estate plans

### This donation is

- In memory of:  
\_\_\_\_\_
- In honor of:  
\_\_\_\_\_
- To commemorate:  
\_\_\_\_\_

(Indicate if special occasion; e.g. birthday, anniversary, graduation, etc.)

**Please notify**

**Name**

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**Address**

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**City/State/Zip**

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Thank you for your generous gift.

**Please print this out and send to:**

Volunteers in Plastic Surgery (VIPS) Program

444 East Algonquin Road

Arlington Heights, IL 60005