



Yes, I would like to support Victim Assistance Program!

*Your Name(s) (as you would like to appear in all printed materials)

(Mr./Dr./Mrs./Ms./Miss) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

* I wish to give anonymously with no public recognition.

Please accept my enclosed gift of \$ _____

Payment information

Option 1: My check is enclosed. Checks should be made payable to Victim Assistance Program

Option 2: Please charge my: Visa MasterCard

CARD# ___/___/___/___ EXP DATE ___/___ CID# _____ (3 digit verification # on back of card)

NAME _____

(As it appears on your card)

SIGNATURE _____ DATE _____

Please accept my pledge of \$ _____, to be paid: monthly quarterly semi-annually

Please accept the gift I am giving through my company's matching gift program. The necessary paperwork is enclosed.

I would like to give a gift of stock. Please contact me.

This gift is in memory or in honor of....

In Memory of _____

In Honor of _____

Occasion _____

Please send acknowledgement to:
(The amount of your gift is kept confidential)

(Mr./Dr./Mrs./Ms./Miss) _____

Address _____

City _____ State _____ Zip _____

Please send your completed form and check to:

Victim Assistance Program
P.O. Box 444
Akron, OH 44309-0444

*Gifts to Victim Assistance Program are tax-deductible to the fullest extent of the law.
If you would like to discuss a gift with the Development Department, please call 330-376-0040.*