

I would like to make a donation
of \$ _____ to



Donor's name: _____

Donor's address: _____

Other options:

- I would like to dedicate this donation in memory of
 in honor of:

(please print name): _____

Please send acknowledgment to (name & address):

If honor gift, please designate type of acknowledgment desired:

anniversary birth marriage birthday other: _____

I would also like to receive SCAN's monthly e-newsletters at (email address):

I would like to learn more about securing positive futures for children in Northern Virginia by giving to SCAN through my will. Please call me at: (_____) _____ - _____

Method of Payment:

- Check (*Please make check payable to SCAN of Northern Virginia*)
 Visa Card No. _____ Exp. Date: _____
 MasterCard Card Holder: _____
 AMEX Signature: _____

Thank you for your donation! Please send completed form with your donation to:

SCAN of Northern Virginia
1705 Fern Street / 2nd Floor
Alexandria, VA 22302

Fax (703) 820-9002
Tax ID# 54-1473693