



ST. JOSEPH'S VILLA
FOR CHILDREN

Name(s): _____
 Address: _____

 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____
 Gift Amount \$ _____

My gift is made: In honor or memory of
 Name: _____
 Please send notification of this gift to:
 Name: _____
 Address: _____

 City: _____
 State: _____ Zip: _____

- Enclosed is my employer's matching gift form.
- Please contact me with instructions for making gifts by stock transfer, electronic funds transfer, automatic bank draft or PayPal.
- Contact me to discuss planned giving options, bequests or gifts of property.
- Please send information about volunteer opportunities.
- I belong to a civic group, church or other organization that would be interested in hearing more about St. Joseph's Villa.

Please make checks payable to St. Joseph's Villa.
 Gifts are tax deductible in accordance with IRS regulations.
 NeverStopBelieving.org
 (804) 553-3200

Please charge my
 Visa Mastercard
 Card Number: _____
 Expiration Date: _____
 Name as it appears on card: _____
 Signature: _____
 Date: ____ / ____ / ____

Thank you!

Please mail your completed form to:

St. Joseph's Villa
 8000 Brook Road
 Richmond, VA 23227