



Gift Form

I would like to make a contribution to Volunteers in medicine to support the health and wellness needs of the medically uninsured or underserved population living or working in Cape May County.

Enclosed is a check payable to Volunteers in Medicine in the amount of \$_____.

Please bill my: Visa €Master Card €

Account No. _____

Exp. Date _____ CCV Code: _____

Signature _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

€ This gift is in honor of _____

€ This gift is in memory of _____

€ I would like my gift to remain anonymous

Mailing Address: 423 North Route 9, Cape May Court House, NJ 08210

Volunteers in Medicine of Cape May County is a charitable organization within the meaning of section 501 ©(3) of the Internal Revenue Code. Donations are tax deductible as allowed by law.