



Gift Form

Please direct my donation to:

____ Atlantic County ____ Cape May County ____ Where Needed Most

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

Return via mail to: VIM, 423 North Route 9, Cape May Court House, NJ 08210. Call Jackie at 609-778-2710 for more information.

Thank you!

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

423 North Route 9, Cape May Court House, NJ 08210
3073 English Creek Road, Egg Harbor Twp, NJ 08234