



YES! I want to partner with the VBA Clinic and Pharmacy to help save lives in Charlotte County

Name: _____

Address: _____

Phone: _____

E-mail: _____

Check Enclosed **Credit Card #** _____ **Exp Date:** _____

Bill Me **Gift of Stock**—contact me **I'd like to discuss putting VBA in my will and/or trust**—contact me

Amount of Pledge

Pacesetter \$1000 +

Angel \$500

Patron \$250

Friend \$100

Supporter \$50

Monthly Gift of _____

Other _____

P.O. Box 381193 • Murdock, FL 33938

www.volunteercare.org

P (941) 766-9570 • F (941) 766-1896

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