



VAIL VETERANS  
PROGRAM

Thank you for supporting the Vail Veterans Program. Your gift ensures that severely wounded veterans and their families will have the opportunity to participate in rehabilitative sports and outdoor activities in Vail, Colorado, uniting families and giving hope for the future.

Please send your donation along with this form to:

**Vail Veterans Program**  
**PO Box 6473**  
**Vail, CO 81658**

Enclosed is my tax-deductible contribution of:

- \$1,000     \$500     \$250     \$ 100     \$50  
 \$ \_\_\_\_\_ Other     \$ \_\_\_\_\_ Annual Pledge

\_\_\_\_\_  
Name

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone

- Enclosed is a check made payable to the Vail Veterans Foundation  
 Please charge my credit card  
 Visa     Master Card     American Express

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_



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### **Recognition**

Please publicly acknowledge this gift to encourage support from others and list my name/our names as follows: \_\_\_\_\_

Alternatively, I/we prefer for our gift to remain anonymous.

### **Tribute Gifts**

If you would like to make your gift in memory or in honor of an individual please share with us:

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Notifications should be sent to: \_\_\_\_\_

Address: \_\_\_\_\_

### **Corporate Matching**

My company has a matching gift program and a completed form is enclosed.

My company has a matching gift program and I will send a completed form.

Please contact me with information on how to obtain information on my company's matching gift program.

### **Legacy Gift**

I would like to leave a legacy with the Vail Veterans Program. Please contact me regarding the Vail Veterans Program Planned Giving Program.

### **Stock Donation**

Please contact us at [info@vailveteransprogram.org](mailto:info@vailveteransprogram.org) or (970) 476-4906 to receive a Gift of Stock Transaction Form.