CITY OF VERGENNES DONATION RECEIPT FORM

Thank you for your generosity!

NAME			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE NUMBER		

GIFT INFORMATION

THIS CONTRIBUTION IS MADE IN MEMORY OF: _____

DONATION AMOUNT: $ _____

PLEASE DIRECT MY GIFT TO ONE OF THE FOLLOWING:

- ☐ SAM FISHMAN POOL
- ☐ VERGENNES PAVILLION PROJECT
- ☐ VERGENNES RECREATION DEPARTMENT
- ☐ PLEASE USE MY GIFT WHERE IT IS NEEDED MOST
- ☐ OTHER _____

I WOULD LIKE TO MAKE AN IN-KIND CONTRIBUTION OF: _____

ESTIMATED VALUE: $ _____

PAYMENT OPTIONS

- ☐ CHECK ENCLOSED
- ☐ PLEASE CHARGE MY DONATION TO MY CREDIT CARD:

CARD NUMBER	EXPIRATION	V-CODE
NAME OF CARD	SIGNATURE	DATE

PLEASE MAKE CHECKS PAYABLE TO:

CITY OF VERGENNES
PO BOX 35
120 MAIN STREET
VERGENNES, VT 05491-0035