



## Donate by Mail Form

Please print and mail to:

Center for Crime Victim Services  
58 South Main Street, Suite 1  
Waterbury, Vermont 05676-1599

If you are donating by credit card, you may also fax this form to 802-241-4337.

Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make a donation of:

\$50          \$100          \$250          \$500          \$1,000          \$5,000

Other amount: \$ \_\_\_\_\_

Donation is for:          Victims Compensation Program          Restitution Unit

My gift is in honor/memorial of: \_\_\_\_\_

I would like to share my and/or the honorees information for the CCVS website

I would like to donate by check (payable to: Center for Crime Victim Services)

I would like to donate by credit card

Please charge my:          American Express          Discover

MasterCard          Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for your support!