

All contributions are gratefully accepted

YES, I want to contribute to the work of VGIF.

Ms. ___ Mrs. ___ Dr. ___ Mr. ___ Group ___

Name: _____

Address: _____

Phone: _____

E-mail: _____

I want to make a contribution wherever my funds are most needed

50 USD 100 USD 250 USD

500 USD 1,000 USD Other _____ USD

I want to honor an individual by making a ___tribute or a ___memorial gift for:

Name: _____

Please acknowledge this gift to:

Name: _____

Address: _____

I would like my contribution to be designated to one or more of the following restricted Endowment Funds*:

Leaders Fund

Asian Regional Endowment

Erna Hamburger Fund

Central/South America/Caribbean Regional Endowment

*Fund descriptions are available upon request

Send your contribution to:



VGIF

3 West 29th Street Room 1002

New York, NY 10001 U.S.A.

Pay by credit card: VISA MasterCard

Account # _____ Exp. date ___ / ___

Name on card: _____

Signature: _____