

FOR OFFICE USE: Date Received: _____

Date Completed: _____

Data Entered: _____

**THIS CHECK IS FOR THE FOLLOWING
DONATION**

Date: _____

Project: _____

Chapter Name & No.: _____

Check #: _____

Amount: _____

Chapter/Person/Group making the donation: _____

Address of Person making the donation: _____

City, State, Zip Code: _____

_____ In **HONOR** of _____

_____ In **MEMORY** of _____

Where to send the acknowledgment card:

Name: _____

Address: _____

City/State/Zip: _____

CHECK PAYABLE TO: VESPA
MAIL TO: 500 Masonic Lane, Suite B
Henrico, VA 23223