



Nexus is a program of VHO, Inc.

Please print this form, complete the requested information and mail it, along with your check, to VHO, Inc., PO Box 2411, Reston, VA 20195 to ensure that we have accurate and complete information about your donation. Thank You!

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

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

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

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

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

Amount of Gift: \_\_\_\_\_

\_\_\_\_\_ I would like my donation to be used to support the Nexus Program.

Is your gift in honor or memory of someone?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, In Honor

\_\_\_\_\_ Yes, In Memory

If yes:

Name of person: \_\_\_\_\_

Would you like to notify someone about your donation in their honor/memory?

\_\_\_\_\_ No, do not mail a card

\_\_\_\_\_ Yes, mail to my billing address

\_\_\_\_\_ Yes, mail the recipient directly

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

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