

## Make a Gift using a Check

Please complete this form and mail it to the address below with your check. If you have questions, please call (800) 444-1839.

VMI Alumni Agencies PO Box 932 Lexington, VA 24450				
Name				
City		State	Zip	
Telephone (home)	(mobile)		(work)	
Preferred Email				
☐ Please update my re	cord			
\$ Foundation	ı Fund			
\$ Keydet Clul	o Scholarship Fund			
\$ Other				
	Total Contribution End	closed \$		
		□ I wis	h to make this gift a	nonymously.
MATCHING GIFT				
by an employee and the	undations will double or e ir spouse, board member a gift. Contact your compar	and retirees.	Ask your current or	former
Does your company mat	tch gifts? □ Yes □ No			
Matching gift company	name			
☐ I have enclosed my er	mployer's matching gift for	·m.		
TRUSTS AND ESTATES  □ I have included VMI A	lumni Agencies in my will,	estate plan,	or charitable trust.	
Please send me informa	tion on:			
_	☐ Life Insurance Gifts			

Thank you for your gift.