

Donation Form

Providing essential transportation to health, social and other destinations for North Country residents who have no other transportation alternatives.



Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

Donation Information

I (we) pledge a total of \$_____ to be paid now monthly quarterly yearly

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

I (we) plan to make this contribution in the form of — cash check credit card other

Credit Card Number _____ Exp. Date _____ 3-Digit Code _____

Authorized Signature _____ Date _____

Acknowledgement Information

I (we) wish to have our gift remain anonymous

Please use the following name(s) in all acknowledgements _____

The Volunteer Transportation Center, Inc. is a 501c3 and all deductions are tax-deductible to the greatest extent of the New York State law.

Volunteer Transportation Center, Inc.

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