



Virginia Local Initiatives Support Corporation

*Donation Form*

Title (i.e. Mr., Mrs., Ms., Dr.) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Sign up for newsletter \_\_\_\_\_

Donation Amount (US Dollars) \_\_\_\_\_

I want to make a one-time donation \_\_\_\_\_

I want to make a recurring donation \_\_\_\_\_ Invoice me Monthly \_\_\_ Quarterly \_\_\_ Yearly \_\_\_

**Please Return this Form to**

**Virginia LISC**  
**Development Department**  
**413 Stuart Circle, Suite 300**  
**Richmond, Virginia 23220**

We would like to hear from you. Please share your thoughts:

Thank you for supporting Virginia LISC – We look forward to celebrating the success of our combined efforts with you.