

Donation Pledge

Vermont Institute of Natural Science

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Support VINS

Pledge Amount: \$ _____

No later than: _____

I would like to charge my donation to my credit card:

Visa Mastercard AMEX Discover

Card #: _____

Exp. date: _____

Signature: _____

_____ I wish to remain anonymous.

_____ Please contact me regarding a gift of stock.

_____ My employer will match this gift.

_____ This gift is in memory/honor (circle one) of:

Please send me information about:

- | | |
|---|--|
| <input type="checkbox"/> Forest Canopy Walk | <input type="checkbox"/> Nature Camp |
| <input type="checkbox"/> Adopt-a-Raptor Program | <input type="checkbox"/> Gifts of Stock/Securities |
| <input type="checkbox"/> Planned Giving | <input type="checkbox"/> Other _____ |



www.vinsweb.org ~ 802.359.5000

VINS Nature Center, P.O. Box 1281, Quechee, VT 05059

501(c)(3) tax deductible