



Contribution Form

My affiliation with Vista (please select all that apply):

- Parent Grandparent Family Member Board Member Community Partner
 Business/Corporation Civic Group Employee Friend Volunteer Other

Prefix(es) Mr. Ms. Mrs. Dr. Other _____

Donor Name(s) _____

Contact Name (if different than above) _____

Address Home Business _____

City _____ State _____ Zip _____

Email Address Personal Business _____

Phone Home Business Cellular _____

This is my Personal gift Company gift

My employer will match this gift. Employer's Name _____

Would you like to remain anonymous? Yes No

If you answered no, how would you like your name to appear in print and online?

I want to improve lives and inspire hope with a gift/pledge in the amount of:

- \$2,000 \$1,500 \$1,000 \$500 \$250 \$100 Other _____

I would like to designate my gift to:

- General Donation Early Intervention Adult Services
 Vista ATM Fund Outreach Services The Vista School

Signature _____ Date _____

<p>COMMEMORATIVE AND MEMORIAL GIFTS PROVIDE AN ENDURING TRIBUTE TO LOVED ONES AND FRIENDS</p> <p>Name of person to be remembered or honored: _____</p> <p>Name and address of person to be notified: _____</p>

Please mail this form with your check to Vista Autism Services, c/o Development Office, 1021 Springboard Drive, Hershey, PA 17033. Vista Autism Services is a 501(c)(3) charitable organization, and your contribution is tax-deductible to the fullest extent allowable by law