



# Printable Donation Form

Mail completed form to:  
CVOEO, PO Box 1265, Burlington, VT 05402

## Yes! I want to give back!

Donation amount: \$ \_\_\_\_\_  Monthly  One-time

### Billing Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Donate by check:** Checks can be made out to CVOEO.  
Please mail check and form to CVOEO, PO Box 1265, Burlington, VT 05402.

**Donate by credit card:**  
Please charge my credit card with my contribution of \$ \_\_\_\_\_

Circle card type: Visa MasterCard American Express Discover

Credit card number: \_\_\_\_\_

CCV code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

Credit card, debit card, ACH, PayPal, Venmo, Apple Pay, Google Pay donations can also be made online at [cvoeo.org](http://cvoeo.org).

### I would like to donate to a specific program (select one):

- Where it's needed most**
- Addison Community Action
- Asylum Seekers Assistance
- Chittenden Community Action
- Fair Housing Program
- Financial Futures
- Housing Advocacy Programs
- Richford Food Shelf
- Voices Against Violence
- Weatherization
- Addison Food Shelf
- Champlain Valley Head Start
- Chittenden Homelessness Outreach
- Feeding Champlain Valley
- Franklin & Grand Isle Community Action
- NorthWest Family Foods
- Samaritan House
- Warmth Support Program

I would like my gift to be made in memory of: \_\_\_\_\_

I would like my gift to be made in honor of: \_\_\_\_\_