

Vermont Hills Family Life Center

9115 SW Oleson Road, #202

Portland, Oregon 97223

503-452-8633

www.vhflc.com

Name _____

Address _____ City _____ Zip _____

_____ Yes, I would like to contribute to this worthwhile cause.

_____ Please accept my one time donation of \$ _____

_____ Please accept my monthly donation of \$ _____

_____ I have enclosed a check or will be sending a check monthly.

_____ Please take this monthly amount out of my account via Electric Fund Transfer.*

_____ As a VHFLC employee I would like to contribute, \$ _____ out of my paycheck
_____ once _____ every month _____ every paycheck

*For Electric Fund Transfer I have enclosed a voided check.

Please be reassured we keep all information secure and on a
confidential basis.

Thank you for helping these children receive excellent and valuable care that will last
them a lifetime.