

Vascular Birthmarks Foundation  
Mail-In Donation Form

Please print to complete this form and mail it along with your donation to:  
**VBF, PO Box 106, Latham, NY 12110**  
Be sure to enclose your check payable to VBF or your credit card information.

**I would like to make a donation:**

General \$ \_\_\_\_\_  
Sponsor a Family to Annual Conference \$ \_\_\_\_\_  
VBF iTEAM (international medical mission trips) \$ \_\_\_\_\_  
In Honor of \_\_\_\_\_ \$ \_\_\_\_\_  
In Memory of \_\_\_\_\_ \$ \_\_\_\_\_

**I would like to donate *Buddy Booby's Birthmark* book to my library / school / doctor's office (circle):**

Softcover Quantity \_\_\_\_\_ @ \$10.00 = Total \$ \_\_\_\_\_  
Hardcover Quantity \_\_\_\_\_ @ \$20.00 = Total \$ \_\_\_\_\_

Enclosed is my check or money order (payable to VBF) for \$ \_\_\_\_\_.

Type of credit card: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express  
Name on Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**Amount Approved:** \$ \_\_\_\_\_

~ Contact Information ~

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
If applicable:  
Name of Event: \_\_\_\_\_  
School/Workplace Name: \_\_\_\_\_  
Number of participants: \_\_\_\_\_