

**YES! I Want To Contribute to
HOSPITALIZED VETERANS WRITING PROJECT, INC.
Tax Deductible Under IRS Code 501 (c)(3)**

- I am interested in serving as a writing aide.
Closest VA Medical Center _____

- Membership \$20/Year Entitles donor to a year's subscription to *Veterans Voices* (three issues)
- Family Membership \$30 _____
- Associate Membership \$50 _____
- Sponsoring Membership \$100 _____ Other \$ _____

- Larger Gifts from Individuals, Organizations, Corporations and Small Foundations, \$100 and over \$ _____
(Acknowledged in *Veterans' Voices* with donor's permission)

- I am interested in underwriting a page or half-page in *Veterans' Voices*: _____
Half-Page \$75 _____ One Page \$150 _____

- Please contact me, as I would like to discuss additional gift options.

Gifts of any amount are welcome and appreciated!

Donor's
Name: _____

Address: _____

City/State: _____ Phone: _____

Permission to print donor's name only in *Veterans' Voices*: _____ Yes _____ No
or on the web site: _____ Yes _____ No

___ **Reference: Web-04** Let us know that this donation was in response to our web site!

Make check or money order payable to:
HVWP (or Hospitalized Veterans Writing Project)

Mail to: HVWP, 5920 Nall Ave., Room 105, Mission, KS 66202-3456 (913) 432-1214