



Literacy Council of Northern Virginia

Please print this form, fill it out, and mail it to: Literacy Council of Northern Virginia
2855 Annandale Road
Falls Church, VA 22042

YES! I want to help the 129,000 adults in my community who need literacy and language services.
Enclosed is my fully tax deductible donation of:

\$25 \$50 \$100 \$250 \$500 Other _____

I am interested in donating stock. Please call me at _____

I would like this gift made in:

memory of: honor of: _____

Family member or person to notify (amount of donation will not be disclosed):

Name: _____

Address: _____

Contact person if donor is a company: _____

Address: _____

METHOD OF PAYMENT

I have enclosed a: check money order **OR** Please bill my: Visa Mastercard

Donor's name: _____

Cardholder's name (if different): _____

Card #: _____ Exp. date: _____

Signature: _____

Credit card billing information (if different from address on front of card):

Street address/Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: _____

I/We want to support the work of the Literacy Council of Northern Virginia (LCNV)

Please keep my gift anonymous.

I would like to volunteer with LCNV in this

Send me more information on: _____ capacity: _____