



## Contribution Form

My affiliation with Vista (*please select all that apply*):

- Parent    Grandparent    Family Member    Board Member    Community Partner  
 Business/Corporation    Civic Group    Employee    Friend    Volunteer

Prefix(es)  Mr.    Ms.    Mrs.    Dr.   Other \_\_\_\_\_

Donor Name(s) \_\_\_\_\_

Contact Name (if different than above) \_\_\_\_\_

Address    Home    Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address    Personal    Business \_\_\_\_\_

Phone    Home    Business    Cellular \_\_\_\_\_

This is my    Personal gift    Company gift

My employer will match this gift. Employer's Name \_\_\_\_\_

How would you like your name to appear in print and online? \_\_\_\_\_

Would you like to remain anonymous?    Yes    No

I want to accomplish miracles with a gift/pledge in the total amount of:

\$2,000    \$1,500    \$1,000    \$500    \$250    \$100

Other \_\_\_\_\_

*If you would like to improve the lives of individuals with autism on a monthly basis, please go to [www.vistaautismservices.org/support-vista/donate](http://www.vistaautismservices.org/support-vista/donate) to set up your recurring gift.*

I would like to designate my gift to

- Early Intervention  
 Outreach Services  
 The Vista School  
 Employment Services/Community Integration  
 Residential Services

Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMEMORATIVE AND MEMORIAL GIFTS  
PROVIDE AN ENDURING TRIBUTE TO LOVED ONES AND FRIENDS

\_\_\_\_\_  
(Name of person to be remembered or honored)

Person to be notified: \_\_\_\_\_

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

*Please mail this form with your check to The Vista Foundation, c/o Development Office,  
1021 Springboard Drive, Hershey, PA 17033.*