



# Teaneck Volunteer Ambulance Corps

P.O. Box 32  
Teaneck, NJ 07666  
[www.TeaneckVAC.org](http://www.TeaneckVAC.org)

## Donation Form

Please complete the following information when mailing your donation in the form of a check:

### Donor Information

Your Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Amount Donated

(Please check one)

\$100     \$75     \$50     \$36\*     \$25     Other: \$ \_\_\_\_\_

\* A donation of less than 10¢ per day

### Check Information

Check Number: \_\_\_\_\_

Name of Account Holder on Check: \_\_\_\_\_

### Mail to:

Teaneck Volunteer Ambulance Corps  
Att: Fundraising  
P.O. Box 32  
Teaneck, NJ 07666

**Your support is greatly appreciated!**