

Donation Form

I want to make a contribution:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1000 |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> \$_____ |



I want to help Literacy Volunteers of Greater Augusta:

- Tutor an Adult Learner
- Assist in the LV office
- Volunteer as a Board Member
- Work on Annual Fundraising Events

Matching Gifts:

You can double your gift if your employer offers a matching gift program. Please enclose your company's matching gift policy along with your contribution.

Thank you for your support!

Your Name: _____

Your Address: _____

Home Phone: _____ E-mail: _____

Name to inscribe on bookplate: _____

Please make checks payable to *Literacy Volunteers of Greater Augusta* and mail to:

Literacy Volunteers of Greater Augusta
12 Spruce Street, Suite 4
Augusta, Maine 04330

**Literacy Volunteers of Greater Augusta ~ info@lva-augusta.org
www.lva-augusta.org ~ 207-626-3443**