



P.O. Box 12123
Richmond, VA 23241
www.virginiassupportivehousing.org

Donation Form

Cloverleaf Apartments Adopt-a-Room

Donor Information

Name:
Agency:
Address:
City:
State:
ZIP Code:
Telephone:
Fax:
E-Mail:

Name(s) on Plaque (exactly how you would like it imprinted)

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Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have the gift remain anonymous.

I (we) wish to make the gift in honor or in memory of:

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Signature(s)

Date

Please make check payable to: Virginia Supportive Housing Check enclosed
(Please reference Cloverleaf Adopt-a-Room in the memo portion of the check)

Please send information on NAP state tax credits

➔ For further information contact:
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