



Donation Form

Yes, I want to support Vineyard Community Services and the Fruit of the Vine Food Shelf in its mission to end hunger through community partnerships. Please use my donation to help feed those who are hungry in Minnesota. VCS EIN is 46-1443346

Name:			Phone: _()	
Address				
City:		State: _	Zip Code:	
Email:				
My	company will m	natch my donation (E	nclose your company's matcl	ning gift form or information)
Check	_Visa	MasterCard	American Express	Discover
Card Number:			Expiration Date:	
CSV#:			(3-to-4-digit sec	urity number on back of card)
Amount:\$100	\$50	\$20	\$10 Other:	
Please let us know if	your donation is	in response to any i	ssue, campaign, tribute, men	norial/honor or otherwise:
Signature:			Date:	
Your contributions to	Vineyard Comm	nunity Services are to	ax deductible to the full extent	t of the law.
Please mail this form	to:			
	Vineyard Co	mmunity Services		
	1280 Arcade	e Street		
	St. Paul, MN	I 55106		

Vineyard Community Services never sells, rents or shares donor information outside the organization.

finance@vcsmn.org

Or scan and email to: