

Online Donation

Online giving is a quick and easy way to send a gift to support Van Andel Institute. If you have any questions or would like to discuss giving options with one of our staff, please call 616-234-5780.

Your Information

Name(s): _____
(as you would like name(s) to appear in any VAI donor recognition)

Please keep gift anonymous; I / we do not wish to appear in any donor recognition.

Address: _____

City / State / Zip: _____

Country: _____ Phone: _____

E-mail: _____

Business: _____ Title: _____

Gift Information

Gift Amount:

Grand: \$10,000

Charter: \$1,000

Patron: \$5,000

Partners in Hope: \$500

Bronze: \$2,500

Friends of the Institute: under \$500

Other: _____

I'd like to designate my gift to:

Unrestricted

Parkinson Research

Cancer Research

Science Education

Memorial and Tribute Gifts:

Is your gift a Memorial or Tribute gift? If so, please select one of the options below and fill in the appropriate information.

Memorial in memory of someone who has passed away

This Gift is in Memory of: _____

Please send a special card to the family letting them know of my gift.

Name: _____

Address: _____

City / State / Zip: _____

Tribute to celebrate a special occasion

Type of Tribute Gift:

Birth

Wedding - a tribute to the couple

Birthday

Anniversary

Holiday

Other: _____



Van Andel Institute®

This Gift is a Tribute to: _____

- Please send a special card to the honored individual(s) letting them know of this gift.

Name: _____

Address: _____

City / State / Zip: _____

Payment Information

- I am paying by credit card.

Cardholder's Name: _____

Card Number: _____

Card Expiration: _____ / _____

Card Type: MasterCard Visa AMEX Discover (circle one)

- I am mailing a check.

If you are designating your gift to a special area, please include the designation in the memo field of your check.

Please make check payable to Van Andel Institute for the proper amount and send to:

Communications and Development
Van Andel Institute
333 Bostwick Ave. N.E.
Grand Rapids, MI 49503



Van Andel Institute®

Billing Information

- Same as contact information.

Address: _____

City / State / Zip: _____

Join Our E-vite List!

Would you like to receive information and periodic updates via e-mail on upcoming VAI events?

- Yes
 No, Thank You

Comments
