

**Yes, I want to make sure**  
**THE CHAPPAQUA VOLUNTEER AMBULANCE CORPS**  
can respond when I need them. Enclosed is my tax-deductible gift of:

\$50      \$100      \$200      \$500      \$1000      \$\_\_\_\_\_

We would request that you not send cash. Please **make checks payable to "CVAC."** Please send back this card with your check to P.O. Box, Chappaqua NY 10514. Donations are deductible to the extent allowed by law. Please ask if your employer has a corporate matching fund.

This gift is from \_\_\_\_\_ in honor/ in memory of \_\_\_\_\_  
Please send a note to (name) \_\_\_\_\_  
located at (address) \_\_\_\_\_ to advise them of this gift.

**Thank you for  
your generous support.**

Chappaqua Volunteer Ambulance Corps • P.O. Box 1 • Chappaqua, N.Y. 10514 • Non-emergency phone: 238-3191