

**DUANESBURG VOLUNTEER AMBULANCE CORPS, INC.**

130 Cole Road ~ Post Office Box 130  
Delanson, New York 12053-0130

518.895.2200 Non-Emergency  
518.895.2800 Business Fax

**Donation Form**

**We appreciate your interest in donating funds to our organization. We are actively seeking additional methods of accepting payments but in the interim, please print this form and mail a check to the address listed.**

**If you are donating in memory of a friend or relative, please indicate in the notes.**

**DIAL 911 FOR EMERGENCY ASSISTANCE**

**24 HOURS PER DAY / 7 DAYS PER WEEK / 365 DAYS PER YEAR**

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Please complete and return the bottom half of this form with your donation.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home/ Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

All contributions to the Duanesburg Volunteer Ambulance Corps, Inc. are tax deductible to the extent permitted by law. Please consult your tax advisor for specific advice on the deductibility of donations to non-profit organizations. Duanesburg Volunteer Ambulance Corps, Inc. is a 501(c)3 organization.

Checks may be made payable to **Duanesburg Volunteer Ambulance Corps, Inc.** and mailed to:  
DVAC ~ Post Office Box 130 ~ Delanson, New York 12053-0130

- Please send me a receipt for my contribution to DVAC
- Please contact me about volunteering as a member of DVAC
- Please send me information about the **Vial of Life**

**New Medical and Support Members Always Welcome!**

**[dvacsecretary@gmail.com](mailto:dvacsecretary@gmail.com) or 518.895.2200**

Office Use		
Date	Check#	Amt.