



**Volunteer Alexandria  
2019 Community Service Day  
Check Donation Form**

**Please make check payable to "Volunteer Alexandria"**

**Donation Amount:** \$ \_\_\_\_\_

**Fundraiser Information:**

Fundraiser's Name \_\_\_\_\_

Fundriaser's Team Name \_\_\_\_\_  
(if applicable)

**Donor Information:**

Name \_\_\_\_\_  
(as you'd like it to appear on the fundraiser's donation page)

Phone \_\_\_\_\_

Email \_\_\_\_\_

Thank you so much for your investment in Volunteerism. Please mail this completed form and check to:

Volunteer Alexandria  
Attn: 2019 CSD  
123 N. Alfred Street  
Alexandria, VA 22314



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