



VOR  
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# THANK YOU FOR YOUR SUPPORT!

## To join or contribute:

- \$45 per year per individual membership
- \$200 per year per family organization membership
- \$250 per year per provider/professional organization membership
- Additional donation included     Donation Only (no membership)

Thank you for joining or renewing. We depend on your generous extra donations.  
You may pay by check or credit card.

### Send completed form with payment to:

VOR  
836 S. Arlington Heights Rd. #351  
Elk Grove Village, IL 60007

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Family/Professional Organization (if applicable): \_\_\_\_\_

Location your loved one calls home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### If paying by credit card, please provide the following information:

Type of card:     VISA     MASTERCARD     DISCOVER

Amount to charge to card:

\$1,000     \$500     \$250     \$150     \$100     \$50     \$25     Other Amt. \$ \_\_\_\_\_

I would like to make a recurring monthly donation. Please charge my card each month:

\$7     \$10     \$15     \$20     \$25     \$50     Other \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

This is a gift:     In memory of:     In honor of: \_\_\_\_\_

Please send acknowledgement to: \_\_\_\_\_

Gifts to VOR are tax deductible to the fullest extent of the law, as no goods or services are provided in consideration of a gift.