

ORPHANetwork

1500 N. Great Neck Rd.
Virginia Beach, VA, 23451

Giving Information

Name: _____

Address: _____

Signature: _____ Date: _____

Type of Card: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Amount of Donation: \$ _____

This is a Monthly Gift This is a One-Time Gift



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