

Friend of the Villages

Your Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Phone # (Not published) _____

Email (Not shared) _____

1. COMPLETE THIS FORM
2. ENCLOSE \$30 PAYMENT
3. MAIL FORM & PAYMENT TO:

**Villages of Van Buren Inc.
P.O. Box 9
Keosauqua, IA 52565**

4. RECEIVE YOUR *SPECIAL GIFT* IN THE MAIL.

Thank you for your generosity!