



**CARE  
COMMIT  
CONTRIBUTE**

## **REMITTANCE FORM**

Name of Company/Center	
Contact Name	
Street Address	
City, ST, Zip	
Phone #	
Fax #	
Email Address	

**PLEASE MAKE CHECK PAYABLE TO BVL  
MAIL TO:  
BVL  
11350 RANDOM HILLS ROAD SUITE 800  
FAIRFAX, VA 22030  
(P) 703-934-6039**

Amount:	
Check #	
Date:	

**THANK YOU FOR YOUR SUPPORT OF BVL AND AMERICA'S VETERANS**