



Veterans Support Council, Inc.

2457 E. Washington St., Indianapolis, IN 46201

317-917-0500 *Voice & Fax*

Mail@Veterans.ooo | www.Veterans.ooo

Hoosier Heroes Appreciation Day

Saturday, the 23rd of September 2023, at White River State Park

Invoice (to be paid) / Receipt (when paid)

Contact Name: _____

Organization: _____

Address: _____

City, State & Zip: _____

Phone: _____ Email Address: _____

Check all that apply				
Sponsor	Vendor/Exhibitor	Car Show	Motorcycle Ride	Job Fair
<input type="checkbox"/> Special Event.....???	<input type="checkbox"/> Member.....\$35	<input type="checkbox"/> Per Entry.....\$25	<input type="checkbox"/> Per Bike.....\$25	<input type="checkbox"/> Member.....\$75
<input type="checkbox"/> Platinum.... \$10,000	<input type="checkbox"/> Non-Member....\$55	<input type="checkbox"/> T-Shirt.....\$20	<input type="checkbox"/> T-Shirt.....\$20	<input type="checkbox"/> Non-Member...\$100
<input type="checkbox"/> Gold.....\$5,000	<input type="checkbox"/> Retail.....\$100	<input type="checkbox"/> One Meal.....FREE	<input type="checkbox"/> One Meal.....FREE	<input type="checkbox"/> T-Shirt.....\$20
<input type="checkbox"/> Silver.....\$2,500	<input type="checkbox"/> T-Shirt.....\$20	<input type="checkbox"/> Non-Vet Ex Meal..\$5	<input type="checkbox"/> Non-Vet Ex Meal..\$5	<input type="checkbox"/> One Meal.....FREE
<input type="checkbox"/> Bronze.....\$1,000	<input type="checkbox"/> One Meal.....FREE			<input type="checkbox"/> Non-Vet Ex Meal..\$5
<input type="checkbox"/> Red.....\$500	<input type="checkbox"/> Non-Vet Ex Meal..\$5			
<input type="checkbox"/> White.....\$350				
<input type="checkbox"/> Blue.....\$200				

<p>Total Due: \$ _____</p> <p>Please make your selection(s):</p> <p>1) Enclosed check is for \$ _____ as a one-time donation.</p> <p>2) Credit card donation is for \$ _____ as a one-time donation.</p>	<p>For Reference Purposes:</p> <p>Check #: _____</p> <p>Date: _____</p>
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You can also make a credit / debit card donation by visiting VSC's Website at: www.veterans.ooo/donate.html or, complete the below form and mail to the address below.

Card Number: _____ Expiration: _____ / _____ CID #: _____

Billing Address (city, St, Zip): _____

Email Address: _____ Phone: _____

Name on Credit / Debit Card

Signature of Cardholder is required when using a credit card

Please make all checks or money orders payable to:
"VSC d/b/a HHAD" and mail to **VSC, 2457 E Washington St, Suite F, Indy, IN 46201**

Please make copy of this Invoice / Receipt and send the original (with your check) to the above address.