



**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