

Yes, I want to support VNA Care's nonprofit health care services.

I would like to make a gift of \$_____.

CHECK ONE:

Check enclosed payable to VNA Care.

Please bill my: MasterCard Visa American Express Discover

Credit card number:_____ Security code:_____ Expiration date:_____

Name on card:_____ Billing zip code:_____

USE THIS GIFT FOR (CHECK ONE):

Greatest Need Home Health/VNA Care Network Home Health/VNA of Boston

Hospice Rose Monahan Hospice Home

My employer will match my donation.

The matching gift form is enclosed.

I have requested matching funds through my employer's online process.

PLEASE PRINT THE FOLLOWING INFORMATION SO WE MAY CORRECTLY ACKNOWLEDGE YOUR CONTRIBUTION.

Donor's name:_____

Address:_____

City:_____ State:_____ Zip code:_____

Phone:_____ E-mail:_____

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING.

My gift is in appreciation for the care provided by (staff member):_____

My gift is in memory/honor (circle one) of:_____

PLEASE NOTIFY THE FOLLOWING PERSON OF MY TRIBUTE GIFT:

Name:_____

Relationship to the tributee:_____

Address:_____

City:_____ State:_____ Zip code:_____

Mail to: VNA Care, Fund Development Office, 199 Rosewood Drive, Suite 180, Danvers, MA 01923

For assistance making a gift, please contact us at 508-658-7700 or giving@vnacare.org.