

VNACare
NETWORK & HOSPICE
At Home with Your Health

Yes, I WANT TO SUPPORT VNA CARE NETWORK & HOSPICE'S NONPROFIT HEALTH CARE SERVICES.

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

CHECK ONE:

Check enclosed payable to VNA Care Network.

Please bill my: MasterCard Visa American Express Discover

Credit card number:_____ Expiration date:_____

Name on card:_____

Signature:_____

USE THIS GIFT FOR (CHECK ONE):

Home Health Care Hospice Where need is greatest

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My employer will match my donation.

The matching gift form is enclosed.

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

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

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

Donor's name:_____

Address:_____

City:_____ State:_____ Zip code:_____

Phone:_____ E-mail:_____

MAIL TO:

VNA Care Network & Hospice, Development Office, 5 Federal St., Danvers, MA 01923

Credit card donations may be faxed to the attention of the Development Office at 978-777-0308.

For more information, contact the Development Office at giving@vnacarenetwork.org or 888-663-3688, ext. 1370.