



SOUTHCOAST
H E A L T H S Y S T E M

Visiting Nurse Association

Charitable Donation Form

It's easy to make your gift! Just complete this form and email to SCVNACommunityAffairs@southcoast.org. You may also print the completed form and fax to 508-973-3216 or mail to the address below:

Southcoast VNA
Attn: Community Affairs
200 Mill Road
Fairhaven, MA 02719

This gift is from (Please Print):

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

My generous donation is: \$500 \$250 \$100 \$75 \$50 Other _____

Check here if you want to make this donation monthly with your credit/debit card or checking account (\$10 minimum)

Please designate my gift to: Home Health Care Hospice & Palliative Care Where needed most

My check is enclosed and made payable to: **Southcoast VNA**

Please charge my credit card: Master Card Visa American Express Discover

Card Number: _____ Expiration Date: _____ Security Code: _____
Security Code must be present to process credit card donation. (3 or 4 digit code on back of card)

Signature: _____

Contributions are tax deductible to the fullest extent of the law.

This gift is given: in memory of in honor of: _____

Please send notification of this gift to (Please Print):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

This person's relationship to the deceased/honoree: _____

Want to double or triple your gift? Contact your employer to see if they offer a **Matching Gift Program.**