



Southcoast Health

Visiting Nurse Association

Charitable Donation Form

It's easy to make your gift! Just complete this form and mail to:

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

This gift is from (Please Print):

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Email: _____

Donation Amount: \$500 \$250 \$100 \$75 \$50 Other _____

Check here if you want to make this **donation monthly** with your credit/debit card or checking account

- Please designate my gift to:
- General Fund (where needed most)
 - Supportive Care (Hospice & Palliative Care)
 - Patient & Caregiver Fund
 - Angel Wings Retreat

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: _____

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.****