



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

**Visiting Nurse Association**

[www.southcoastvna.org](http://www.southcoastvna.org)

### Charitable Donation Form

It's easy to make your gift! Just print this page and mail it 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: \_\_\_\_\_

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

Please designate my gift to: ? Home Health Care      ? Hospice & Palliative Care

? 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**.\**

**Thank you for supporting Southcoast VNA!**