



Gift of Compassion Form

Your generous gift to the Visiting Nurse Foundation will help to ensure quality home health care services to the chronically ill, elderly and homebound persons of our community. Please mail this form to the address below. For credit cards, visit our website at www.vnsnet.com to make a secure online donation or call the Foundation at (585) 787-2233.

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Please accept this gift of compassion. I/We want to work in partnership with Visiting Nurse Foundation in providing quality home health care for sick and disabled adults, seniors and children of Monroe County.

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-Mail Address: _____

- Please designate my gift to:
- Visiting Nurse Service
 - Meals On Wheels
 - Visiting Nurse Hospice
 - Where it is most needed
 - I wish to remain anonymous

Enclosed is my tax deductible gift of: \$125 \$75 \$50 Other \$_____

Make checks payable to Visiting Nurse Foundation, Inc.

This gift is: In memory of In honor of _____(name)

Please notify: Name: _____

Address: _____

Thank you for caring!

Confidential Information—Intended for Use of Addressee Only

Visiting Nurse Foundation is a tax exempt not-for-profit corporation created especially to encourage, receive and allocate contributions to Visiting Nurse Service of Rochester and Monroe County, Inc. Donations are tax deductible to the extent allowed by law.