VISITING NURSE FOUNDATION
OF ROCHESTER, NEW YORK

Gift of Compassion Form

Your generous gift to the Visting 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 or fax to 787-9730 and our staff will call you to confirm receipt.

2180 EMPIRE BOULEVARD· WEBSTER, NY 14580-2029· (585) 787-2233· www.vnsnet.com

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 & Palliative Care __ 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.)

__ Charge my gift of $_____ to VISA/MC __ Please call me for my credit card information.

Account #:_____ Exp. Date:_____

Authorized Signature:_____

This gift is in memory of _____

Please notify: Name: _____

Address: _____

__ The Visiting Nurse Foundation has been/will be included in my will.

__ Please send me information on wills and bequests.

__ I wish to receive future e-mail correspondence.

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.