



Thank you supporting VNS Health.

Your gift today will bring expert and compassionate home-care and community programs to New Yorkers in need, regardless of their ability to pay.

Please send to:

Mail:

VNS Health
PO Box 6445
New York, NY 10249-6445

Email:

development@vnshealth.org

Questions?

Call: 212-609-1525

Email: development@vnshealth.org

You can also make your gift online at www.vnshealth.org/donate

- Please remove my name from the VNS Health mailing list.
Information, including but not limited to your name and address, may be shared with carefully selected third parties for marketing purposes. Please check here if you do not want you information to be shared.

Gifts to VNS Health are deductible as allowed by law. All gifts will be acknowledged in writing.

Donation Form

You can make your donation by check (made payable to VNS Health) or credit card.

Donor Information - Please provide your contact information:

First and Last Name:

Address:

City, State & Zip:

Phone:

Email:

Donation Amount (US\$) - Please select your tax-deductible donation below:

- \$1,000 (Leadership Council) \$500 \$250
\$100 \$50 Other:
This is a monthly gift. Please charge my credit card for the amount above.

Gift Designation:

- General Support Hospice and Palliative Care
Other:

This donation is made in memory / in honor of:

Please send notification of this gift to:

Name:

Address:

City: State: Zip:

Credit Card Type:

- American Express Visa Mastercard Discover

Credit Card Number:

Expiration Month / Year: Security Code:

Name (as it appears on card):

Signature: