



*Charitable Donation Form*

Your contribution ensures that compassionate medical care, emotional support, and spiritual comfort remain available to those in need throughout Rhode Island and southern Massachusetts.

**Donor(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Enclosed is my gift of \$** \_\_\_\_\_

Gold Circle: \$1000+

Sponsors: \$500 - \$999

Ambassadors: \$250 - \$499

Advocates: \$100 - \$24

Benefactors: \$99

Friends: \$25

**Enclosed is my check made payable to Visiting Nurse Home Care Foundation**

**Please charge my gift to:**  Master Card  Visa  American Express

**Account Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please record my gift:** In Memory of / In Honor of \_\_\_\_\_

**Please send acknowledgement to: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**My company will match my gift to Visiting Nurse Home Care.**

**Company Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Form can be mailed back to:**

Visiting Nurse Home Care

6 Blackstone Valley Place

Lincoln, RI 20865

**Thank you for your contribution to Visiting Nurse Home Care Foundation.**