



**DONOR FORM**

Print out and complete this form and return to us at:

**Visiting Nurse Service & Hospice of Suffolk**  
**505 Main Street**  
**Northport, NY 11768**

Make Checks payable to *Visiting Nurse Service & Hospice of Suffolk*. Your gift is tax-deductible to the full extent allowed by law and may be eligible for a matching contribution from your current employer.

***This gift is from:***

Name \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_

Check made payable to Visiting Nurse Service & Hospice of Suffolk is enclosed.

Charge my credit card

Name on Card \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date \_\_\_\_\_ /20\_\_\_\_\_

Visa/Mastercard Only

***This gift is:***

In Memory of:     In Honor of:

Name \_\_\_\_\_

Please notify the following person that this gift has been made:

Name \_\_\_\_\_

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

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

I wish my give to remain anonymous

I would like to know who to remember VNS in my will

I would like information about volunteering

I have enclosed a matching gift form

Send me a supply of donation envelopes

Send me information about your  
homecare/hospice program