



**VISITING NURSE SERVICE
AND HOSPICE OF SUFFOLK
FOUNDATION, INC.**

DONOR FORM

Print out and complete this form and return to:

**Visiting Nurse Service and Hospice of Suffolk Foundation, Inc.
505 Main Street
Northport, NY 11768**

Make checks payable to Visiting Nurse Service and Hospice of Suffolk Foundation, Inc. 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 payable to Visiting Nurse Service and Hospice of Suffolk Foundation, Inc is enclosed.
- Charge my credit card

Name on Card _____

Credit Card #: _____ Expiration Date _____/20_____

Visa, MasterCard or American Express

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