

**Visiting Nurse Association Health Services/Blue Water Hospice
Mail-In Donation Form**

Today's Date: _____

Donor Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Donation Amount: _____

Apply my donation to (circle one):

Area of Greatest Need Blue Water Hospice Home Patient Care General Operations

Other: _____

Is this a tribute donation, In Honor or Memory of or for another special occasion? Please

Specify: _____

Who would you like us to send a letter to acknowledging your gift?

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for supporting the Visiting Nurse Association/Blue Water Hospice. You will receive a formal acknowledgement of your donation for your records. If you made a tribute donation, the individual specified above will also receive a formal acknowledgement of your gift.

If you have any additional questions regarding your gift or additional gift opportunities please contact the Chief Development Officer by phone at 1-810-984-4131 or by email at lcottengim@vnabwh.com.

Visiting Nurse Association Health Services is a 501(c) 3 not for profit organization. All donations are tax deductible as permitted by IRS regulation. Federal Tax ID Number 382667827.