



# VNSNY Donation Form

Thank you supporting VNSNY.

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:

VNSNY  
107 East  
70<sup>th</sup> Street 5<sup>th</sup> Floor  
New York, NY 10021

Email:

development@vnsny.org

### Questions?

Call: 212-609-1505

Email: development@vnsny.org

You can also make your gift online at [www.vnsny.org/donate](http://www.vnsny.org/donate)

- Please remove my name from the VNSNY 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 VNSNY are deductible as allowed by law. All gifts will be acknowledged in writing.

You can make your donation by **check** (made payable to **Visiting Nurse Service of New York**) 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: \_\_\_\_\_