



**VISITING NURSE SERVICE
&
HOSPICE OF SUFFOLK**

DONATION

AMOUNT:

- \$1,000
- \$500
- \$250
- \$100
- \$50
- \$25
- Other _____

I WOULD LIKE MY GIFT TO SUPPORT:

- Hospice House
- Hospice
- VNSHS General Programs

Undesignated donations will support VNSHS General Programs

I WOULD LIKE THIS GIFT TO REMAIN ANONYMOUS:

- Yes
- No

DONOR NAME: _____

THIS GIFT IS IN MEMORY OF OR IN HONOR OF A LOVED ONE:

- Yes
- No

In Memory of _____

In Honor of _____

PLEASE NOTIFY THE FOLLOWING OF THIS IN MEMORIAM/IN HONOR OF GIFT:

Name _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip code _____

Email _____

Name with address OR email is required for notification to be sent

PAYMENT

MAIL

CHECK: To mail a donation by check, please make check payable to VNSHS and mail to:
VNSHS, 505 Main Street, Northport, NY 11768

CREDIT CARD: To mail a credit card donation, please complete the below and mail to:
VNSHS, 505 Main Street, Northport, NY 11768

- American Express
- Discover
- Master Card
- Visa

Credit Card Number _____

Expiration _____ CVV Code _____

Amount _____

CREDIT CARD BILLING INFORMATION:

Name on Card _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Phone _____

Email _____

FOR QUESTIONS OR TO MAKE A DONATION BY PHONE

Please contact Johana Rodriguez at 631.930.9311

THANK YOU FOR YOUR SUPPORT!