



## Support Quality Care for All

As a not-for-profit family of agencies, we rely on the generosity and support of individuals, corporations and foundations to ensure care to all patients, regardless of their ability to pay. Charitable donations help us to provide quality home care and hospice services for patients and families most in need. Your donation is a gift of lasting benefit to thousands of people, every day.

Please print this donation form and mail to:

**Home Health Foundation**  
**360 Merrimack Street, Building 9**  
**Lawrence, MA 01843**

### My Information

Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

I give the agency permission to contact me by email

I am enclosing my employer's matching gift form

### I am Supporting

- Home Health VNA
- Merrimack Valley Hospice
- HomeCare, Inc.
- High Pointe House
- Where needed most

### Donation Amount

- \$1000
- \$500
- \$250
- \$100
- \$50
- \$25
- Other \_\_\_\_\_

All gifts of \$100 or more as well as those named in memorial/tribute are published in our Annual Report.

### Payment Information

- I am paying by check; payable to the agency of my choice
- Please bill my credit card (choose one)
  - Visa
  - Mastercard
  - Discover
  - AMEX

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

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

*All donations are tax deductible to the extent allowed by law. Every gift received is acknowledged by a letter. For memorial and honor gifts, if all information is provided, notification will be sent promptly.*

### Tribute Gift Information

If donation is made in memory or in honor of a friend or family member, please list their name here:

\_\_\_\_\_  
Please include name and address of person to notify that a gift was made "in memory" of someone or "in tribute" to them.

\_\_\_\_\_  
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