FARMINGTON VALLEY VISITING NURSE ASSOCIATION PRINTABLE DONATION FORM *I wish to donate the following amount:

O \$1.00 - \$99.00 Individual/Family Contribution	Amount: \$00
O \$100.00 - \$249.00 Partner	Amount: \$00
O \$250.00 - \$499.00 Patron	Amount: \$00
O \$500.00 - \$999.00 Sponsor	Amount: \$00
O \$1,000.00+ Humanitarian	Amount: \$00
*I would like this to be a: O one-time donation	O recurring donation:
	O monthly O quarterly O annually
*Please apply my donation for the following purpose:	
O Annual Fund Drive O General	
O Memorial Donation	
O in dedication of	
O Hospice Donation (i.e., family requests "memorial contributions be sent to" or "in lieu of flowers")	
O in memory of	
O Granby Food Bank Program	
Credit Card #	Exp. 3-digit code
Signature for Credit Card:	
Please acknowledge this honorary/memorial donation to:	
Full Name:	
Address:	
Add 055.	
City, State, Zip	
City, State, Zip Your Contact Information	Name*
City, State, Zip Your Contact Information First Name*	Name*
City, State, Zip Your Contact Information First Name*	ess 2
City, State, Zip Your Contact Information First Name* Last Address 1* Address 1*	ess 2 Zip*

On behalf of those we serve, we thank you for your kindness and generosity. Please mail this form and your donation to the Farmington Valley VNA, 8 Old Mill Lane, Simsbury, CT 06070 or Fax to 860-651-5082.