



VNA of Hanover & Spring Grove  
Donation Form



Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

**Enclosed is my/our gift of \$\_\_\_\_\_to the VNA of Hanover & Spring Grove.**

**Please direct this gift to:**

☐ VNA Home Health      ☐ VNA Hospice      ☐ Where Needed Most

☐ VNA Endowment Fund   ☐ Florence deHaven Stick Memorial (Nursing) Scholarship Fund

Gifts are accepted in the form of cash, checks, VISA, MasterCard or Discover  
Please make checks payable to "VNA of Hanover & Spring Grove"

**NOTE : If gift is a memorial or honorarium, please complete bottom portion.**

Credit card type \_\_\_\_\_ Credit Card #\_\_\_\_\_

Name on card \_\_\_\_\_ Exp. \_\_\_\_\_ Code on back \_\_\_\_\_

**Memorial Gifts**

Gift in memory of \_\_\_\_\_

**Honorarium Gifts**

Gift in honor of \_\_\_\_\_

Please send acknowledgement card to:

Name  \_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_