



We Care Campaign 2023

DONATION FORM

- ☐ Yes! I'd like to make a contribution \$ _____
- ☐ Check Enclosed made payable to VNA Health Group (WE CARE in the memo)
- ☐ Monthly Recurring Credit Card Contribution of \$ _____
on the ☐ 1st or ☐ 15th of each month

Payroll Deduction

A minimum annual contribution of \$260 is required for automatic payroll deduction. Please return your pledge form prior to June 24th, in order to contribute via payroll deduction. Payroll deductions will begin on July 14th pay period and will continue for 26 pay periods.

- ☐ \$5/week or \$10 a pay period = \$260
- ☐ \$10/week or \$20 a pay period = \$520
- ☐ \$20/week or \$40 a pay period = \$1,040
- ☐ \$40/week or \$80 a pay period = \$2,080
- ☐ \$50/week or \$100 a pay period = \$2,600
- ☐ I hereby authorize a payroll deduction for 26 pay periods of the selected amount.

Signature Required

Date

Contact Information (required for tax purposes)

Name

Home Address

Work Telephone

Work Email

Department

Office Location

Payment Information

Please charge my credit card: ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Account Number

Exp. Date

CVV/CVC Code

Signature

Date

Complete and mail this form to the Philanthropy Office at:
VNA Philanthropy Office, 23 Main Street, Suite DI, Holmdel, NJ 07733
For questions, please call 732.224.6953.

 Visiting Nurse Association
of Central Jersey
Home Care and Hospice

 Barnabas Health
Home Care
and Hospice

 RWJ Barnabas
HEALTH

 ROBERT WOOD JOHNSON
VISITING NURSES

Visiting Nurse Association of Englewood
A PARTNERSHIP
 ENGLEWOOD
HEALTH

 vna Health Group
Moving Healthcare Forward

 visiting physician
Member of VNA Health Group

 VNA
VISITING NURSE ASSOCIATION OF OHIO

 Cleveland Clinic
Florida

 vna Health Group
Visiting Nurse Association Health & Hospice

 Children & Family
Health Institute

 COMMUNITY HEALTH CENTER
Visiting Nurse Association of Central Jersey