

DONATION FORM

Yes! I'd like to make a contribution \$	_
☐ Check Enclosed made payable to VNA Health Gro	up (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 autom June 24th, in order to contribute via payroll deduction. Payroll for 26 pay periods.	atic payroll deduction. Please return your pledge form prior to deductions will begin on July 14th pay period and will continue
□ \$5/week or \$10 a pay period = \$260 ■ \$260 ■ \$260	□ \$40/week or \$80 a pay period = \$2,080
□ \$10/week or \$20 a pay period = \$520	□ \$50/week or \$100 a pay period = \$2,600
□ \$20/week or \$40 a pay period = \$1,040	
☐ I hereby authorize a payroll deduction for 26 pay period	s of the selected amount.
Signature Required	
Contact Information (required for tax purposes)	
Name	
Nume	
Home Address	
Work Telephone	Work Email
Department	Office Location
Payment Information	
Please charge my credit card: Uisa Mastercard	☐ Amex ☐ Discover
Account Number	Exp. Date CVV/CVC Code
Signature	Date
Complete and mail this form to the Philanthropy Office at:	107777
VNA Philanthropy Office, 23 Main Street, Suite DI, Holmdel, N. For questions, please call 732.224.6953.	U//53



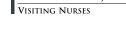
Visiting Nurse Association

of Central Jersey Home Care and Hospice



Home Care and Hospice

Barnabas Health | RWJBarnabas



vna Health Group

ROBERT WOOD JOHNSON







