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ENCLOSED IS MY DONATION:**



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My employer will match this gift. I have enclosed a matching gift form.

You can include VNCH in your will or make a life income gift. For more information, check box.

Please accept my contribution in honor/memory of:

\$25 \$50 \$100 \$250

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Payment Type: Check (Make payable to VNCH)

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City: _____ **State:** _____ **Zip:** _____

Credit card #: _____

Expiration Date: _____

Security Code (last 3 numbers on back near signature):

Thank you for your generosity. Your donation is tax deductible.

Visiting Nurse and Community Health, Inc. ♥ Where Quality Care Begins At Home
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