

Thank you for your generous support of Lamoille Home Health & Hospice

Enclosed is my check in the amount of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

This gift is in memory of: \_\_\_\_\_

I would like to make a monthly contribution with my credit card in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months, for a total donation of \$ \_\_\_\_\_.

I would like to make a one time donation on my credit card in the amount of \$ \_\_\_\_\_

Card # \_\_\_\_\_  Visa  Mastercard Expiration: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

My employer has a matching gift program. I have notified them of my gift.  Yes  No

Yes! I am interested in volunteering to help with:  Hospice  Special Events

Please return card to: Lamoille Home Health & Hospice, 54 Farr Avenue, Morrisville, VT 05661

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