



**Yes! I support the mission of the GVNA HealthCare!**

I would like to make a gift of \$ \_\_\_\_\_

Check one:

- Check enclosed made out to GVNA HealthCare.
- Please bill me:
  - MasterCard       Visa
  - Discover           Paid by PayPal through the website

Credit card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

My gift is designated to: \_\_\_\_\_ (program or service)

My employer will match my gift. The form is enclosed.

Please print the following information so we may acknowledge your gift.

Donor's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make this gift (circle one) in memory or in honor of :

\_\_\_\_\_

Please notify the following person of my gift:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail to:

GVNA HealthCare, Inc.  
c/o Development & Community Relations Office  
34 Pearly Lane  
Gardner, MA 01440

For additional information call Ann Racine at 978. 632.1230 x3024 or email

[ann.racine@gvnahealthcare.org](mailto:ann.racine@gvnahealthcare.org) *Thank You!*