VNA of Hanover & Spring Grove
Donation Form

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Email: _____

Enclosed is my/our gift of $_____ to the VNA of Hanover & Spring Grove.

Please direct this gift to:

☐ VNA Home Health ☐ VNA Hospice ☐ Where Needed Most
☐ VNA Endowment Fund ☐ Florence deHaven Stick Memorial (Nursing) Scholarship Fund

Gifts are accepted in the form of cash, checks, VISA, MasterCard, or Discover.
Please make checks payable to: VNA of Hanover & Spring Grove

Credit Card Type: _____
Credit Card #: _____
Name on Card: _____
Exp. Date: _____ Code on back: _____

NOTE: If this gift is a memorial or honorarium, please complete the section below.

Memorial Gifts
Gift in memory of: _____

Honorarium Gifts
Gift in honor of: _____

Please send acknowledgment card to:
Name: _____
Address: _____
City: _____ State: ____ Zip: _____

Mailing Instructions:
Please mail this completed form along with your donation to:

VNA of Hanover & Spring Grove
440 Madison Street
Hanover, PA 17331

Thank you for your support! Your generosity helps us continue our mission
to deliver exceptional healthcare in the home.