



Yes, I want to support **Visiting Nurse Services!**

Enclosed is my check for \$_____ made payable to **Visiting Nurse Services**

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email Address: _____

This gift is: In memory of: _____
 In honor of: _____

If you wish, a notification of your gift will be sent to the family or individual named above (the amount of your gift will remain confidential):

Name: _____

Address: _____

City, State, Zip: _____

- "I have included VNS or one of its programs in my estate plan."
- Please send me information about volunteering.

Increase the value of your gift. Ask your employer if they have a matching gift program!

- Yes, my employer offers a matching gift program!

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Person & Phone Numbers: _____

Mail to **Visiting Nurse Services**, 1111 9th Street, Suite 320, Des Moines, IA 50314