



## Appalachian Community Visiting Nurse Association, Hospice & Health Services, Inc.

Since it's founding in 1982, the **Appalachian Community Visiting Nurse Association**, **Appalachian Community Hospice**, and **Appalachian Community Health Services** have provided quality care to all who seek our services. Your gift helps continue that policy.

Enclosed is my gift of \$ \_\_\_\_\_

Or:

I prefer to make a pledge totaling \$ \_\_\_\_\_

I would like this to be billed:

Monthly     Quarterly     Semi-annually

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

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

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

*Please make checks payable to: ACVNAHHS  
Your gift is tax deductible to the full extent provided by law.*

Memorial and Tribute gifts may be made to honor or remember a loved one, friend or relative.

This gift is:

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Please notify:

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

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

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

Contributors are recognized in our newsletter. Please check this box if you do not wish to have your name listed for this contribution.

If you would like information about additional gift opportunities such as estate planning, deferred giving, etc., please check this box.

Please mail completed form to:

**Appalachian Community VNA, Hospice & Health Services, Inc.  
30 Herrold Ave  
Athens, Ohio 45701**