

Circle of Love & Light

Please know that your contribution to [Hospice Care of VNA of Care New England](#) allows us to provide comfort, care and compassion to patients and their families during this holiday season and throughout the year. Thank you for your gift.

Your information, as it should appear in our records (please print):

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

I/We would like the following individuals added to the Circle of Love & Light Memory Scroll:

In Memory of In Honor of _____

In Memory of In Honor of _____

I/We would like an acknowledgement letter sent to:

Name _____

Address _____ City _____ State _____ Zip _____

If you need additional acknowledgement letters sent to various individuals, please include this list on a separate sheet of paper and include in the enclosed envelope.

I/We do not wish to add anyone to the Circle of Love & Light Memory Scroll, but would like to make a contribution to Hospice Care of VNA of Care New England.

My/Our tax-deductible gift of: \$25 \$50 \$75 \$100 Other \$_____ is by:

Check payable to the VNA of Care New England

Credit Card: VISA MasterCard AMEX Discover

Card Number _____ Exp Date (mm/yy) _____

Signature _____

The VNA of Care New England is a non-profit organization serving clients with dignity and individuality regardless of age, sex, race, religion, physical handicap, or economic status. All donations are tax deductible to the fullest extent of the law.

If you do not want to receive future fundraising requests to support the VNA of Care New England, call us at 401-921-7626 or send an email to sgreen@vnacarenewengland.org. Please provide your full name, phone number and address. Thank you.

Please consider the VNA of Care New England in your will.

For more information about the VNA of Care New England please call 401-737-6050. Thank you!



Hospice Care of
VNA of Care New England