



***I want to support Home Health United's mission of keeping people as healthy, safe and independent as possible with my gift***

In the amount of:     \$25     \$50     \$100     \$250     \$500     \$1000     Other

To be used for:

- |  |  |
|--|--|
| <input type="checkbox"/> Area of Greatest Need                 | <input type="checkbox"/> Meals On Wheels |
| <input type="checkbox"/> Foundation Endowment                  | <input type="checkbox"/> Granting Wishes |
| <input type="checkbox"/> Hospice                               | <input type="checkbox"/> Camp GLOW       |
| <input type="checkbox"/> St. Clare Hospice House Resident Fund | <input type="checkbox"/> Other _____     |

Name(s) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your name will be acknowledged as above or  
 check here if you wish your donation to be listed as anonymous.

Payment Options     Check enclosed     Bill     Visa     Mastercard     Amex     Discover *(circle one)*

\_\_\_\_\_  
*Card #*

\_\_\_\_\_  
*Exp. Date / CVS Code*

\_\_\_\_\_  
*Signature*

*Optional:*     In Memory of     Celebration of     In honor of my *Guardian Angel* caregiver

Name \_\_\_\_\_

If you would like us to send an acknowledgement of your gift, please indicate below:

Name \_\_\_\_\_ Street \_\_\_\_\_

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

**Mail completed form to:**  
Home Health United-Visiting Nurse Service Foundation  
4639 Hammersley Rd, Madison, WI 53711  
Or call (608) 276-7590 for further information  
*Thank you for visiting [www.HomeHealthUnited.org](http://www.HomeHealthUnited.org)*