



I want to support Providence VNA Home Health's mission to serve all, regardless of ability to pay.

Name _____

Address _____

City, State, Zip _____

Phone Number _____

I am making a donation of:

- \$500
- \$250
- \$100
- \$ 50
- Other _____

- **I am eligible for matching funds from my employer**

My employer is: _____

Do you wish to honor the memory of someone with your gift?

This gift is in honor of _____

This gift is in memory of _____

Please send an acknowledgement of this gift to:

Name _____

Street Address _____

City, State, Zip _____

Please make checks payable to:

Providence VNA Home Health

1000 N Argonne Rd

Spokane Valley, WA 99212