



Addison County Home Health & Hospice

Rt. 7, P.O. Box 754, Middlebury, VT 05753

1-800-639-1521

Mail -In Donation

Along with your donation, please be sure to include the name(s) and address of the individual, business or civic group making the donation, in order that we may properly acknowledge your gift.

Please be sure to note the name of the individual being remembered. Also, please provide us with the complete name and address of the person who should be notified of your donation.

This gift is from: Individual Corporation

Amount of Donation \$1000.00 \$500.00 \$150.00 \$50.00 Other _____

If individual

Title Mr. Ms. Mrs. Mr. & Mrs. Miss Dr. Other _____

Name: First _____ Last _____

If corporation

Corporation _____

Contact name _____

(if we have a question regarding this donation)

Street Address _____

City, State, Zip _____

Daytime phone () _____

This gift is in memory of: _____
(Name of deceased)

Please notify: Name _____

Street Address _____

City, State, Zip _____

Notified person's relationship to deceased (spouse, child, sister, etc.) _____

OR

This gift is in honor of a special person:

Name of honoree _____

Street Address _____

City, State, Zip _____

Reason for honor: _____

Mail to:

Addison County Home Health & Hospice
Rt. 7, P.O. Box 754, Middlebury, VT 05753