

Continuum Home Health Care Donation Form:

Please use this form when faxing or mailing your donation to Continuum Home Health Care. For bequests, please contact the agency director with information on making a bequest or a planned gift.

The agency director can be reached at 1-800-336-4040

<p>Type of Donation: (Please Circle)</p> <p>General Donation Memorial Gift In Honor Gift Bequest Life Insurance</p>	<p>Amount:</p> <p><input type="radio"/> \$1,000.00 <input type="radio"/> \$ 500.00 <input type="radio"/> \$ 250.00 <input type="radio"/> \$ 200.00 <input type="radio"/> \$ 100.00 <input type="radio"/> \$ 75.00 <input type="radio"/> \$ 50.00 <input type="radio"/> \$ 25.00 <input type="radio"/> \$</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>
<p>Gift To and From:</p> <p><input type="radio"/> This donation is a gift from me. <input type="radio"/> This donation is a joint gift from myself and _____.</p> <p><input type="radio"/> I would like for this to be an anonymous gift. <input type="radio"/> This gift is in memory of: _____. <input type="radio"/> This gift is in honor of: _____. <input type="radio"/> Please notify the following individuals of this gift: (Name and Address):</p>	<p>Please use this gift in the following manner:</p> <p><input type="radio"/> To Provide Patient Care <input type="radio"/> Financial Resources for Unfunded Programs <input type="radio"/> Community Education <input type="radio"/> Staff Education <input type="radio"/> Marketing so more patients can receive Continuum's services <input type="radio"/> Computer Equipment and Software <input type="radio"/> Telemonitoring Equipment <input type="radio"/> This gift is unrestricted to use where the need is greatest.</p>
<p>When your gift is received, we will send a special letter of notification. The amount of the donation is never revealed. We also do not share our donor list of names with any other organization. You will receive a separate letter of acknowledgment for your records. Please include your Name, Address and Phone Number: Name _____ Address _____ Phone Number _____</p>	

Please make your check payable to:
Continuum Home Health Care
 Please send your check and this form to
Continuum Home Health Care
Agency Director
2205 Fontaine Ave. Suite 204
Charlottesville, VA 22908-0780

On behalf of the entire team of nurses, therapists, social workers, aides and office staff at Continuum Home Health Care, we thank you for your donation.