



YES! I would like to support Michigan Visiting Nurses with the following gift:

Name _____
Address _____
City, State, Zip _____
Telephone Day: _____ Evening: _____
Email _____

Gift Amount \$ _____

Frequency: (choose one) One Time Monthly Quarterly Annual

Gift Type: (choose one) Let MVN choose the best use of my gift.
 A gift in memory of: _____
 A gift in honor of: _____
 Other: _____

Payment Method:
 (choose one)

Credit Card Visa MasterCard American Express

Expiration Date: MM/YYYY _____

Account Number: _____ Name on card (print): _____

Signature: _____

Check Check enclosed, payable to "Michigan Visiting Nurses"

Mail or fax completed form to: Michigan Visiting Nurses
 2850 S. Industrial, Suite 75C
 Ann Arbor, MI 48104

Phone: 734-677-6010
Fax: 734-677-0505

All gifts are tax deductible. MVN is a 501C.3 non-profit corporation. Our tax ID is **38-1381279**.

Thank you!