



Pocono VNA-Hospice

Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Enclosed is my donation of \$_____ to Pocono VNA-Hospice.

This gift is:

In Memory Of: _____

In Honor Of: _____

Please make checks payable to Pocono VNA-Hospice

Please mail this form along with your donation to:

Pocono VNA-Hospice
502 VNA Road
East Stroudsburg, PA 18301

On behalf of the Board of Directors, Staff, Patients, and Patients' Families of
Pocono VNA-Hospice, thank you for your generous support!

The mission of the Pocono VNA-Hospice is to provide high quality, cost effective health and supportive services in the home and/or community setting. It is our intention to provide these services to the people of our community regardless of their ability to pay.

The official registration statement and financial information of the Pocono VNA-Hospice may be obtained from the Pennsylvania Department of State by calling toll free, in PA 1-800-732-0999. Registration does not imply endorsement.