

**Visiting Nurse Association Foundation  
Donation Form**

**Return completed form and donation to:**

**VNA Foundation  
2401 Valley Drive  
Valparaiso, IN 46383**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In Honor/Memory of: \_\_\_\_\_

*(circle one)*

Friend or relative of the above to be notified of gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please accept my donation in the amount of \$\_\_\_\_\_**

**Check how you wish your gift to be used:**

\_\_\_\_\_ Where need is greatest    \_\_\_\_\_ Visiting Nurse Association    \_\_\_\_\_ VNA Hospice/Hospice Center  
\_\_\_\_\_ Support Service (Meals on Wheels, Lifeline)    \_\_\_\_\_ Lukach Memorial Scholarship

With my donation of \$100 or more, I would like the following naming opportunity:

4"x8" brick (\$100)\_\_\_\_\_    8"x8" brick (\$500)\_\_\_\_\_    Memorial Wall Plaque\*(\$1,000+)\_\_\_\_\_

*(See Giving Opportunities page on website for additional memorial naming opportunities)*

Brick Inscription

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$100 brick: up to 3 lines w/ a maximum of 13 characters per line, including spaces

\$500 brick: up to 5 lines w/ a maximum of 13 characters per line, including spaces

Plaque Inscription:

\*Number of lines and letters on plaques is flexible

*Checks should be made payable to the VNA Foundation.  
Your donation is tax deductible to the extent allowed by law.  
Questions? Contact the VNA Development Office at 531-8076.*