



There's no place like home!

- A -

Minnesota Visiting Nurse Agency ♦ 3433 Broadway St. NE, Suite 300
Minneapolis, MN 55413 ♦ 612-617-4600 ♦ Website: www.mvna.org

2008

If you have a current on-going pledge, please fill out side "B"

YES! I WILL BECOME A NEW MEMBER OF THE *CIRCLE OF CARING* AT MVNA:

- | | | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <i>Encouraged Heart*</i> | \$500 each year for 5 years |
| <input type="checkbox"/> | <i>Inspire Hope*</i> | \$1,000 each year for 5 years |
| <input type="checkbox"/> | <i>Promote Healing*</i> | \$5,000 each year for 5 years |
| <input type="checkbox"/> | <i>Attain Health*</i> | \$10,000 each year for 5 years |

YES! I WILL CONTRIBUTE TO MVNA IN OTHER WAYS:

- Contribute \$_____ for _____ years
- Please contact me, I have other thoughts to share
- I would be willing to be a table captain at the June 2009 Breakfast Event

PAYMENT OPTIONS:

- My check is enclosed, made payable to: **MVNA**
- Please charge my VISA Mastercard
_____ Exp. Date ____ / ____ / ____ Amt. \$ _____
- Quarterly, \$ _____ per quarter on these dates: _____
- Please contact me about paying my pledge with stock
- My company will match my gift I will mail the appropriate form
- As an MVNA employee, I elect to have payroll deductions of \$ _____ (x) _____
paychecks (must be equal amounts each pay period), for a total of \$ _____
- Other – please contact me

Name: _____

Please print name exactly as you would like it to appear in MVNA publications

I would like to keep my commitment to MVNA anonymous

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

Signature: _____

Date: _____

* Multiple year gifts will receive a pledge reminder each May



Thank you for your support!



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Current Multi-Year Donors

Thank you for your continued support! Please let us know how you would like to support MVNA today.

AS A CURRENT MULTI-YEAR DONOR SUPPORTING MVNA,

- I would like to add _____ more years to my previous pledge.
- I would like to increase my pledge amount to \$ _____ for _____ years.
- I would like to pay off my existing pledge in full today.

Signature: _____

- I would like to pay my annual pledge amount today.
- I would like to pay this pledge in (month) _____
- Please leave my pledge arrangements the same.
- Please contact me to discuss my pledge arrangements.

PAYMENT OPTIONS:

- My check is enclosed, made payable to: **MVNA**
- Please charge my VISA Mastercard
_____ Exp. Date ____ / ____ Amt. \$ _____
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Thank you for your support!