



**FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

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▶ **GENERAL DONATION**

I would like to make a donation to the Community Nurses in the amount of \$ \_\_\_\_\_

▶ **MEMORIAL/HONORARY DONATION**

I would like to make a donation to the Community Nurses in the amount of \$ \_\_\_\_\_

In Memory Of \_\_\_\_\_

In Honor Of \_\_\_\_\_

Please indicate the person you would like an acknowledgment sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

▶ **ANNUAL CARING CAMPAIGN**

I would like to contribute:  \$200  \$100  \$75  \$50  \$25 Other \_\_\_\_\_

▶ **ANNUAL SEASON OF GIVING CAMPAIGN**

I would like to contribute:  \$200  \$100  \$75  \$50  \$25 Other \_\_\_\_\_

▶ **ENDOWMENT FUND**

I wish to donate to this permanent base of support to help continue Community Nurses services well into the future.

My donation of \$ \_\_\_\_\_ is enclosed.

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***Please return to:***

Community Nurses, Inc., 757 Johnsonburg Road, Suite 200, St. Marys, PA 15857  
Please make check payable to Community Nurses, Inc. Thank you for your support.

Your contribution is tax deductible to the extent provided by law.

The official registration and financial information of Community Nurses, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 800-732-0999. Registration does not imply endorsement.