



**FROM:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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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**

Annual Caring Campaign  \$200  \$100  \$75  \$50  \$25 Other \_\_\_\_\_

I prefer to make a pledge gift. My total pledge is \$ \_\_\_\_\_. Please send me a quarterly reminder.

▶ **ENDOWMENT ANNUAL APPEAL**

I wish to contribute to a permanent base of support to help the Community Nurses continue their mission of service well into the future. My donation of \$ \_\_\_\_\_ is enclosed.

I would like you to contact me to discuss planned giving opportunities.

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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.