

*A thoughtful gift in memory of a friend or loved one will help further  
Franklin County Home Health Agency's programs.*

Enclosed is my special contribution of \$ \_\_\_\_\_  
in memory of \_\_\_\_\_

Please designate my contribution to:

- Hospice                       Home Care                       Endowment Fund  
 Board of Director's Discretion                       Other \_\_\_\_\_

From (Donor's name) \_\_\_\_\_

Address \_\_\_\_\_

Send acknowledgment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Please make your check payable to: Franklin County Home Health Agency  
As a 501(c)(3) non-profit organization, your contribution is tax deductible.  
Please notify us if you do not wish to receive future fundraising mailings.



3 Home Health Circle, Suite 1, St. Albans, Vermont 05478  
(802) 527-7531 • [www.fchha.org](http://www.fchha.org)