



FRANKLIN COUNTY

Home Health Agency, Inc.

3 Home Health Circle, St. Albans, VT 05478
www.fchha.org / info@fchha.org / (802)527-7531

Thank you for making a gift to help us serve our community.

Enclosed is my gift of: \$50 \$100 \$250 \$500 Other \$_____

Yes, I will make a special leadership gift of: \$1,000 \$2,500 \$5,000

This gift is given in memory honor of: _____

Name: _____ Telephone: _____

Address: _____ Email: _____

Monthly Giving Program

I want to support quality home health care for everyone by making a recurring monthly gift.
Please charge my credit or debit card \$_____ monthly

Method of payment: Check (*payable to Franklin County Home Health Agency*)

VISA Mastercard Discover AMEX

Card # _____ Exp _____ Signature: _____

Please designate my gift to:

Home Care Hospice Board Discretion Rugg Johnson Fund Other _____

Please send me information about making a gift through my estate or other planned gift opportunities such as trusts or life insurance.

Matching Gifts

Many companies and organizations have matching gifts programs, through which they match the charitable contributions of their employees.

My employer has a matching gifts program. The form is enclosed.

Employer Name: _____

Address: _____

Telephone: _____ Email: _____

Please make checks payable to Franklin County Home Health Agency.

*Franklin County Home Health Agency is a 501 (c)3 organization and your donation may be tax deductible.
If you have any questions, please call (802) 527-7531.*