

HOME HEALTH CARE AND HOSPICE. . . THERE WHEN YOU NEED US

2253 WEST GRANDVIEW BOULEVARD TEL: 814.454.2831

□ Desire to remain anonymous.

ERIE, PA 16506-4507 FAX: **814.453.5357**

Charitable Gift Annuity

Use this form to indicate your interest in making a gift to the Visiting Nurse Association of Erie County through a Charitable Gift Annuity.

Please print out this page, complete it and send to:

VNA Development Office, 2253 West Grandview Boulevard, Erie, PA 16506-4507.

□ Please send me more informa	ation about charitable gift a	annuities.
□ Please send me a confidentia	l illustration of a charitable	e gift annuity based on the following
information:		
Name:		
Address:		
City/State/Zip:		
Phone:		
Date of Birth: Month	 Day	Year
E-mail:		
Projected amount to establish Ch	naritable Gift Annuity: \$ _	
Type of asset:		
□ Cash	☐ Appreciated stock	☐ Other
Projected date to establish Chari	table Gift Annuity:	
Please mark the corresponding □ Giving through Life Insurance	g boxes if you would like	e information sent to you.
□ Estate planning		
Please check below if you have Named the VNA in your will or		