



# DOMINICAN Home Health Agency

Thank you for your donation!  
We could not continue our mission without you.

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Please make checks payable to Dominican Home Health Agency.

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How did you hear about us (circle one):  
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Apply my gift to:

\_\_\_\_\_ Area of greatest need  
\_\_\_\_\_ Patient Care  
\_\_\_\_\_ Durable Medical Equipment  
\_\_\_\_\_ In Memory/Honor of:  
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How do you wish to be acknowledged?

\_\_\_\_\_ Receipt, please  
\_\_\_\_\_ Year-End receipt only  
\_\_\_\_\_ No acknowledgement necessary  
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Please send this form and your donation to:

Dominican Home Health Agency  
c/o Development Team  
2501 Gaylord Street  
Denver, CO 80205

If you have any questions, please contact our Development Team!  
[giving@dominicanhha.org](mailto:giving@dominicanhha.org)