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My Gift of \$ _____ is enclosed.

Please make checks payable to Dominican Home Health Agency.

Apply my gift to:

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_____ Patient Care

_____ Durable Medical Equipment

_____ In Memory/Honor of _____

Your Name _____ Phone _____

Address _____ Email _____

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, Inc.

2501 Gaylord Street

Denver, CO 80205-5631

If you have questions, please call Gigi Stewart at 720-770-8462.