

RVNA Circle of Giving:

Our special friends allow RVNA to expand coverage of health care services within your community and to respond to your public health and safety needs.

President's Society | \$30,000 and Up

- Personal Flu clinic at location of choice for 25 family members, friends, fellow employees, or another favorite charity of choice.
- TravelWise consultation for two, once annually.
- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report.
- Community benefit of helping to expand our flu clinics and overall health services for a growing aging population.

1914 Society | \$15,000 - \$29,999

- Personal Flu clinic at location of choice for 10 family members, friends or fellow employees.
- TravelWise consultation
- Invitation to special reception at Annual Meeting
- Inclusion in Annual Report
- Community benefit to ensure RVNA nurses and aides will always receive the best training possible to meet the needs of our community.

Irene Hoyt Society | \$7,500 - \$14,999

- Advance notice of Flu Clinic
- TravelWise consultation
- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report
- Community benefit to ensure that every child will have the opportunity to be vaccinated.

Wellness Society | \$3,000 - \$7,499

- Advance notice of Flu Clinic
- TravelWise consultation
- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report
- Community benefit of helping to fund Well Child Clinics and Monthly Visit Program for the elderly.

Quality Circle | \$1,500 - \$2,999

- Advance notice of Flu Clinic
- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report
- Community benefit of ensuring that none of our seniors will be without the health care they need.

Caring Circle | \$750 - \$1,499

- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report
- Community benefit of helping to fund training for nurses and aides to best serve the community.

Helping Hands | \$250 - \$749

- Invitation to special reception at Annual Meeting.
- Inclusion in Annual Report
- Community benefit of helping to fund free health screenings and vaccinations for residents.

YES, I will support RVNA:

Enclosed is my tax deductible gift made payable to
RVNA in the amount of:

- \$5,000 \$1,000 \$250 \$50
 \$2,500 \$500 \$100 Other

Please charge my: VISA Mastercard AMEX

Card Number:.....

Signature:.....

Expiration:..... V-Code:.....

Donor Information *{please print}*

Name:.....

Email:.....

Address:.....

City:.....

State:..... Zip:.....

For online contributions please visit ridgefieldvna.org

This contribution is made:

- In Memory of In Honor Of

.....

Please send notification of this gift to:

Name:.....

Address:.....

City:.....

State:..... Zip:.....

Please consider a charitable gift in your will.

- We have remembered RVNA in my/our will.
 I/We wish to transfer securities and will call
203.438.7535 to receive instructions.
 My employer will match my gift to RVNA ~ attached
is my form.

RVNA Tax ID #06-0646613

RVNA Development Office

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