



Donation Form

Donor Information (please print)

Please accept my gift of \$ _____ in memory of / in honor of / in celebration of

Donor information (please print):

Payment by:

Name _____

Cash Check Credit Card Debit Card

Mailing Address _____

Visa Mastercard American Express

City _____ State _____ Zip _____

Name on Card _____

Email _____

Card # _____

Phone _____

Exp _____ Security Code _____

Hospice of the Valley is a 501(c)(3) nonprofit organization. Your gift is tax deductible to the extent allowed by the law.

Please notify this person of my gift:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

- I wish my gift to be anonymous.
- I would like to make a gift of securities. Please contact me.
- I wish to receive information about adding Hospice of the Valley to my estate plans.

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