

HospiceCare: Adding Life to Every Day

Please accept this tax deductible gift of \$ _____ to benefit health care services for families coping with terminal illnesses.

Donor Name _____

Address _____

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E-Mail _____

Please send me information about:

- Becoming a HospiceCare volunteer;
- Hospice services in _____ (county/area);
- A HospiceCare speaker for civic / community / church group;
- The Hubbard Hospice House

This gift is:

- In Memory of:
- In Honor of: _____

Please send an acknowledgement of gift to:

Name _____

Address _____

City / State / Zip _____

Please send a thank you letter to the donor above:

- Yes
- No

NOTE: Please make your check payable to HospiceCare. We also accept MasterCard and Visa.

- MasterCard
- Visa
- Debit

Name of cardholder / business : _____

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Credit Card #: _____

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Phone number: _____

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