

# 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 \_\_\_\_\_

City / State / Zip \_\_\_\_\_

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 : \_\_\_\_\_

Authorization number (if business): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_

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