

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 _____

This gift is:

In Memory of:

In Honor of: _____

Please send a thank you letter/receipt to the donor above:

Yes

No

Please send a notice of this gift to:

Name _____

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NOTE: Please make your check payable to HospiceCare. We also accept the following major credit cards:

MasterCard

Visa

American Express

Discover

Name of cardholder / business: _____

Authorization number (if business): _____

Credit Card #: _____

Expiration Date: _____ Security Code (on back of card): _____

Signature: _____

Phone number: _____

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

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