

Hospice of Orange & Sullivan Counties, Inc.

Donation Form

Due to the generosity of our donors Hospice of Orange & Sullivan Counties, Inc. is able to provide comprehensive, compassionate care to people with acute chronic illness and support to their loved ones.

We have lived this commitment in our communities for over 20 years. We care for all who need and seek our services, regardless of age, diagnosis or ability to pay.

Please accept my donation of \$ _____ in memory in honor
of _____

Your information (for tax receipt purposes):

Mr/Mrs/Ms _____ Phone: _____

Street _____

City _____ State _____ Zip _____

Email _____

Please notify the following person (s) of this gift:

Mr/Mrs/Ms _____

Street _____

City _____ State _____ Zip _____

Please make check payable to Hospice of Orange & Sullivan Counties, Inc.

Visa MasterCard Discover

Card# _____

Gift amount \$ _____ Expiration date ____/____

Signature _____

This gift commemorates a:

Birthday Anniversary Marriage Other _____

Please provide me with _____ extra envelopes.

This gift is eligible to be matched by my company.

I have enclosed a matching gift form

Please send information on how to include Hospice of Orange & Sullivan Counties, Inc. in my estate planning.

I have included Hospice of Orange & Sullivan Counties, Inc. in my will.

Please do not add me to your mailing list.

Thank You