



# Thank You for Your Gift

Donate online at:  
[www.hospicefoundation.org](http://www.hospicefoundation.org)

## DONOR INFORMATION

Name: \_\_\_\_\_ Company (optional): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*HFA does not sell, trade or exchange donor information.*

## PAYMENT INFORMATION

Please make checks payable to: Hospice Foundation of America

Amount: \_\_\_\_\_ Card Number: \_\_\_\_\_  
(VISA, MC, AMEX)  
Billing Zip: \_\_\_\_\_ Expiration Date: (mm/yy) \_\_\_\_\_ Security Code: \_\_\_\_\_

- I would like a portion of my donation to support children's grief camps:  25%  50%  75%  100%
- Make my gift recurring:  monthly  quarterly  annually

## GIFT DEDICATION

- In honor of:  In memory of:

Name: \_\_\_\_\_ Occasion: \_\_\_\_\_

- Please send notification of my gift to:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Include the donation amount.
- Do not include the donation amount.
- Include my name in the notification. *(You are welcome to send a personal note with your gift that we will include with your notification.)*