



Thank You for Your Gift

Donate online at:
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

***For safe and secure credit card processing, make your donation online.
HFA follows strict security standards to ensure online donations are secure.***

Please make checks payable to: Hospice Foundation of America

☐ 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: _____

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.*