



Enclosed is my donation of

\$_____.

This gift is from:

Mr. /Mrs. /Dr. /Ms. _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Please make your tax-deductible check payable to: FairHoPe Hospice & Palliative Care, Inc.

Type of card:

Visa

Mastercard

Credit Card #:

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Expiration Date:

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3-Digit Security Code:

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Name on Card: _____

Signature: _____ Date: _____

My gift is in memory of (*Name of deceased*): _____

My gift is in honor of (*Name of living individual(s)*): _____

Please notify the following:

Mr. /Mrs. /Dr. /Ms. _____

Address _____

City _____ State _____ Zip _____

_____ I would like my gift to be anonymous.

_____ My company will match the donation. The matching gift form is enclosed.

Please send me information about:

_____ Planned Giving

_____ How to include FairHoPe Hospice in my will.

_____ Becoming a Volunteer.

If you have any questions, please do not hesitate to call: (740) 654-7077.

Please mail your donation to:

FairHoPe Hospice & Palliative Care, Inc.

282 Sells Road

Lancaster, OH 43130-3461