

Gift Form

Name of Donor/s

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

DAYTIME PHONE NUMBER WORK HOME CELL

EMAIL (OPTIONAL)

Contact Person If Different Than the Named Donor/s

NAME

DAYTIME PHONE NUMBER WORK HOME CELL

Amount of Gift: \$ _____

How This Gift Should Be Used:

Gift is unrestricted and should be used where the need is greatest

Gift is in support of a special event or project

Describe: _____

Is This Gift in Memory or in Honor of Someone? Yes No

In Memory of In Honor of

NAME (PLEASE PRINT)

Did this person receive care from FAIRHOPE?

Yes No

Person to Be Notified of Your Memorial or Tribute Gift:

NAME

ADDRESS

CITY

STATE

ZIP

Method of Payment

Check, payable to FAIRHOPE Hospice

MasterCard Visa Discover

NAME AS IT APPEARS ON THE CREDIT CARD

CARD HOLDER ADDRESS (IF DIFFERENT THAN DONOR)

CARD NUMBER

EXP. DATE

3- OR 4-DIGIT SECURITY CODE
FROM BACK OF CARD

SIGNATURE

DATE

Matching Gift Program?

Some employers sponsor matching gift programs for employees or retirees. This could double your gift to FAIRHOPE.

My employer has a matching gift program Yes No

I will obtain a matching gift form and send it to the address below

Other Giving Options to Consider

I would like to know more about:

Electronic transfer of funds from my bank account on a monthly basis
 Automatic payments billed to my credit card monthly, quarterly or semi-annually

Transfer of securities

Bequests

Please mail this form with your check or payment information to:

FAIRHOPE
282 Sells Road
Lancaster, OH 43130
800-994-7077
fairhopehospice.org