

Please print out, fill in and return

I would like to support Hospice Support, Inc.

Contributor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Amount \$

_____ Check mailed to:

Hospice Support, Inc.

PO Box 1417

El Campo, TX 77437

_____ Please Bill My Credit Card _____ Master Card/Visa

Number: _____

Signature: _____

_____ I would like information about making a bequest or a planned gift.

Your financial support enables us to provide medical, emotional and spiritual support for our patients and their families, regardless of their ability to pay, bereavement services to hospice families and the community, and education for hospice staff.

This Gift is Sent in Memory of: _____

This Gift is Sent in Honor of: _____

Please Acknowledge to: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your tax-deductible donation made payable to Hospice Support, Inc., a 501(c)(3) not-for-profit organization. The Foundation will inform family members or individuals honored of your thoughtfulness. The gift will not be disclosed.

{ I would like information on the hospice volunteer program.

{ I would like information on the hospice speaker's bureau.