

## Donation Form

Hospice Support, Inc.  
P O Box 1417  
El Campo, TX 77437  
www.HospiceSupportInc.org

To make a donation, print out this form, fill in completely, and return to the address above or drop off at our office at 1102 N. Mechanic, El Campo.

Contributor's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

eMail address: \_\_\_\_\_

Would you like to be added to our mailing list to learn of Hospice Support events? \_\_\_ yes \_\_\_ no

Amount of donation: \$ \_\_\_\_\_

\_\_\_\_\_ check made payable to Hospice Support, Inc.

\_\_\_\_\_ bill my credit card: \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Card #: \_\_\_\_\_ expiration date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

This gift is sent in honor of: \_\_\_\_\_

Please notify:

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

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. We will notify those identified above of your thoughtfulness. The gift amount will not be disclosed.

Your donation enables us to help provide medical, emotional, and spiritual support to our patients and their families; bereavement assistance to Hospice families and our community; and ongoing education for Hospice staff so they can continue to provide quality hospice care throughout our service area.