

Hospice of Marion County, Inc.

Contribution Form



In Support of Hospice of Marion County,
I/we are pleased to make the following contribution:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my gift of: \$500 \$250 \$100 \$50 Other _____

Make checks payable to: **Hospice of Marion County, Inc.**

For payment by credit card, please check one Visa Mastercard Discover

Card Number _____ Expiration Date _____

Signature _____

(Signature required for credit cards)

- Please contact me/us to make a gift through a will or trust, insurance or retirement assets, or gifts that provide an income.
- I/We wish this gift to be given anonymously. I/We would like to transfer securities (please call me for further instructions)

Please use my gift for:

- To meet the care needs of our patients
- Grief/bereavement support care
- Children's hospice care and grief support
- Complementary therapy (art, music, aroma, life legacy, etc.)
- Sylvia's House
- Estelle's House
- Legacy House
- Tuscany House

Memorial Gift

I/We _____
wish to provide a gift:

In memory of _____

Please send notice of our tribute gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Tribute Gift

I/We _____
wish to provide a gift:

In honor of _____

On the occasion of _____

Please send notice of our tribute gift to:

Name _____

Address _____

City _____ State _____ Zip _____