



DONATION FORM

Please include complete names and addresses so we can correctly acknowledge your donations. Fax to (561)494-6889.

Title: Mr. and Mrs. Mr. Mrs. Ms. Dr. Other _____

Donor: First Name: _____ Last Name: _____

Company Name: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Phone: Daytime: _____ Evening: _____

Email: _____

Join our email mailing list

Credit card: Visa MasterCard American Express Discover *Minimum donation of \$18 if paying by credit card

Credit card number: _____ Expiration Date: _____

Signature: _____

I /We wish to make a tax-deductible donation in the amount of: _____

Make check payable to Hospice of Palm Beach County Foundation or Hospice by the Sea.

The gift is given: In Memory of In honor of Other _____

This is a general contribution: Yes No

The person for whom your gift will pay Tribute:

First Name: _____ Last Name: _____

Please notify the following person(s) of my gift (without specifying the amount): *maximum of 2 notifications per donation*

Name(s): _____

Street Address: _____ City: _____ State: ____ Zip: _____

Relationship between the person being honored and the person being notified _____

Hospice Programs

Including Hospice in my will or estate plans

Special Events

Hospice Legacy Society (I have included Hospice in my will)

Contact me to discuss naming opportunities.

Please remove me from the mailing list.

Please send information on (optional):

**Return by Fax to 561-494-6889 or mail to 5300 East Avenue, West Palm Beach, FL 33407
or call to donate by phone 561-494-6887 or 1-877-494-6890**