



I want to make a difference by making a gift to Hospice:

Donor Name _____

Address _____

City/State/Zip _____

Daytime phone number _____ E-mail address _____

General donation **OR Special gift:**

In memory of (who has died) _____

In honor of (who is still living) _____

This gift is from *(if different than donor name)* _____

Please notify (amount of your gift is NOT mentioned):

Name _____

Address _____

City/State/Zip _____

Enclosed is my gift of \$ _____ THANK YOU!

_____ Cash donation

_____ Check payable to Hospice of the Piedmont or Hospice of Randolph

_____ Please charge my VISA MasterCard American Express (has only 15 #s)

Card # _____ Expiration date _____

Signature (required for credit card) _____

Received by: _____ Date: _____

Signature

Processed with Vital: _____

Hospice of the Piedmont and Hospice of Randolph is a non-profit organization whose mission is to provide compassionate and quality health care to terminally-ill patients and their families in Guilford, Forsyth, Davidson, Randolph and the surrounding counties in North Carolina. One hundred percent of your gift goes to Hospice of the Piedmont and Hospice of Randolph, and all gifts are tax-deductible as allowed by the IRS. We respect your privacy and never share your information with anyone. Memorials and honorariums are recognized throughout the year in our donor newsletter.

No goods or services were provided in exchange for this gift.

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