

**Yes, I Believe in the work of Hospice, and want to help bring
comfort and compassion, when it's needed most.**

You may choose to give a general support gift or a memorial donation
in memory or honor of someone special.

Please accept my gift of \$25 \$50 \$100 \$250 \$500 \$1000 Other: _____

Please include your credit card information. Visa or MasterCard

Credit Card # _____ Expiration Date _____

Name on Card _____

Street Address _____ State _____ Zip _____

This gift is from:

(Your Name) _____ Phone _____

Street Address _____ City _____

State _____ Zip _____ Email Address _____

Memorial Gifts

If you wish to make a donation in memory or in honor of an individual,
please share the following information.

This gift is in memory of _____

This gift is in honor of _____

I would like the following person notified of my gift. (Gift amounts are not disclosed.)

Name _____

Address _____ City _____ State _____ Zip _____

- I would like to know how to make a gift of stock to Hospice.
- I would like to know how to remember Hospice in my will.
- I have already included Hospice in my will.
- My employer has a matching gift program. I will initiate paperwork to have this gift matched.

**If you'd prefer to mail a check, please print this form and mail it with your contribution to
Hospice of Chenango County, 21 Hayes St. Norwich, NY 13815**