

Hospice & Palliative Care of Chenango County

General & Memorial Donations

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: (Circle amount) \$25 \$50 \$100 \$250 \$500 \$1000
(Enter amount) Other: \$ _____

Please include your credit card information. Visa or MasterCard

Credit Card # _____ CVV/CSC (3 or 4 digit code on back of 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 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.

**Please print this form and mail it with your contribution to
Hospice of Chenango County, 21 Hayes St. Norwich, NY 13815
Thank you!**