



## PRINTABLE DONATION FORM

Please fill out this form completely and legibly. Donations are tax deductible to the fullest extent allowed by the law.

Please send the form below with your donation and information to:

Hospicare and Palliative Care Services  
172 East King Road  
Ithaca, NY 14850

For more information or questions, call 607-272-0212 or email [ehopkins@hospicare.org](mailto:ehopkins@hospicare.org)

**Gifts can also be made online at [www.hospicare.org/give](http://www.hospicare.org/give)**  
**Thank you for your support!**

✂-----

**Please accept my donation of:** (circle one)

\$500      \$250      \$100      \$50      \$35      Other (please specify): \_\_\_\_\_

**I am making this gift in honor or memory of:** \_\_\_\_\_

**Your name:** \_\_\_\_\_  
(If paying by credit card, please print your name exactly as it appears on your credit card)

**Additional Donor Names:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(required)

**Payment options:**

☐ Check (*Please make checks payable to "Hospicare"*)

☐ Credit card: (**circle one**) VISA/Mastercard # \_\_\_\_\_ CVV# \_\_\_\_\_

Exp. date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Please use this gift for:

- ☐ Where It's Needed the Most
- ☐ Grief Support

- ☐ Residence and Gardens
- ☐ The Hospice Foundation

**Thank you for supporting Hospicare!**