

**(Please print legibly)**

The enclosed gift of \$ \_\_\_\_\_ is:

In memory / honor of (circle one): \_\_\_\_\_

A donation for:       Community Hospice Home  
    Patient Care Programs & Services

Payment method:

Check (Payable to: Hospice of Southern Illinois)  
 Credit Card

*To make a credit card payment, please call 800-233-1708 or  
visit our website, [www.hospice.org](http://www.hospice.org), to make a secure donation.*

Please send an acknowledgement of my gift, without specifying amount, to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Donor's Name\*** \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\* For multiple donors, please provide names and addresses of each.*

Your Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Your Email Address: \_\_\_\_\_

*Hospice of Southern Illinois does not sell email addresses, phone numbers or solicit donations by phone.*

**Thank you for your generous donation!** Hospice of Southern Illinois is a not-for-profit organization and all contributions are tax deductible to the extent allowed by law.

I have provided for Hospice of Southern Illinois through my WILL.

Please send me information about including Hospice of Southern Illinois in my estate plans.

Questions? Please call 800-233-1708