

*Enclosed is my tax deductible contribution to Hospice of the Foothills*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

- Donation/Contribution in the amount of \$ \_\_\_\_\_
- Donation to the Hospice Endowment Fund in the amount of \$ \_\_\_\_\_
- Gift is in MEMORY of \_\_\_\_\_
- Gift is in HONOR of \_\_\_\_\_
- Please notify the following person(s) of my/our gift

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

- Do not specify amount of gift
- Please do not list my name in any Hospice publications
- I do not need a receipt
- Please remove my name from your mailing list

Please make checks payable to: Hospice of the Foothills  
If paying by Credit Card please provide the following information:

- Visa     MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this completed form to:  
Hospice of the Foothills  
11270 Rough and Ready Hwy  
Grass Valley, CA 95945

