

Donation Form for Building a Home for Hospice

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Donation/Contribution in the amount of \$ _____
Your name will appear on our central donor wall in the new facility.
- Donation to the Hospice Family Garden (\$500.00 minimum). The Hospice patient name you designate (past or present) will be placed on a memorial wall in our garden.
Patient name _____
- Please contact me so that I can designate my donation for a specific purpose in the new campus (\$5,000.00 minimum investment).

- Please do not list my name in any Hospice publications
- I do not need a receipt
- Please remove my name from your mailing list

I am not making a donation at this time, however I would like more information on making a donation via a:

- Pledge Outright Gift of Assets Gifts-in-Kind Planned or Deferred Gifts

Please contact me by Email Phone Mail

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
2399 Nevada City Hwy
Grass Valley, CA 95945

