



## Mail-In Donation Form

I wish to make a gift in memory or honor of:

\_\_\_\_\_

Please notify the following individual(s) of my gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Enclosed is my gift in the amount of \$ \_\_\_\_\_  I do not need a letter of acknowledgement

Or, please charge my credit card:  Visa  Mastercard  American Express  Discover

Amount: \$ \_\_\_\_\_  One-time donation  Monthly  Quarterly  Annually

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone (      ) \_\_\_\_\_ Email \_\_\_\_\_

I would like my donation to be used for the following Hospice East Bay services:

- |   |  |
|---|--|
| <input type="checkbox"/> General Fund                                 | <input type="checkbox"/> Bereavement Services & Spiritual Care |
| <input type="checkbox"/> Bruns House Inpatient Unit                   | <input type="checkbox"/> Palliative Care                       |
| <input type="checkbox"/> Bridge Program for Grieving Children & Teens | <input type="checkbox"/> Rossmoor Respite Fund                 |
| <input type="checkbox"/> Volunteer Department                         | <input type="checkbox"/> Give Me A Break Fund                  |