



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 |