



**I want to make a difference by making a gift to Hospice:**

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

**Special gifts:**

In memory of (who has died) \_\_\_\_\_

In honor of (who is still living) \_\_\_\_\_

**Please notify (amount of your gift is NOT mentioned):**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Enclosed is my gift of \$ \_\_\_\_\_ THANK YOU!**

\_\_\_\_\_ Cash donation

\_\_\_\_\_ Check payable to Hospice of the Piedmont

\_\_\_\_\_ Please charge my  VISA  MasterCard  American Express (has only 15 #s)

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature (required for credit card) \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

signature

Hospice of the Piedmont and Hospice of Randolph is a non-profit organization whose mission is to provide compassionate and quality health care to terminally-ill patients and their families in Guilford, Forsyth, Davidson, Randolph and the surrounding counties in North Carolina. One hundred percent of your gift goes to Hospice of the Piedmont and Hospice of Randolph, and all gifts are tax-deductible as allowed by the IRS. We respect your privacy and never share your information with anyone. Memorials and honorariums are recognized throughout the year in our donor newsletter.

No goods or services were provided in exchange for this gift.

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