



**PATHWAYS**

Home Health, Hospice & Private Duty

Hospice Foundation

## DONATION FORM

Print this form and complete, then fax or mail to Pathways Home Health & Hospice.

- All gifts are tax-deductible
- Donors will receive a letter acknowledging the gift within one week
- If gifts are in tribute to another, that person or a family member will receive notification of the gift with no mention of the amount of the gift

**Yes! I want to join Pathways in caring for life by making a gift today.**

\$50     \$100     \$250     \$500     \$1,000     Other \$\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Check enclosed     VISA     MasterCard     Discover     American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

This gift is in tribute to another:

In Memory of \_\_\_\_\_     In Honor of \_\_\_\_\_

Please notify the following person(s) of my gift, without mentioning the amount:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_