



DONATION FORM

Print and complete this form, and mail to Pathways Home Health & Hospice at the address below

- All gifts are tax-deductible to the extent allowed by law
- Donors will receive a letter acknowledging the gift
- When gifts are made in tribute, they or a family member will receive notification of the gift with no mention of the amount

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

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ EMAIL _____

\$ _____ Check enclosed payable to: Pathways Home Health and Hospice
Donation Amount

VISA MasterCard Discover American Express Credit

Card # _____ Sec Code _____ Exp. Date _____

Signature _____

This gift is In Memory of _____

In Honor of _____

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

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

Questions? Call 408.730-1200

For security reasons,
please do not fax this form.

To Mail:

Please enclose this form with your check
or credit card information and mail to:

Pathways Foundation
585 North Mary Avenue
Sunnyvale, CA 94085