



I/we would like to donate to Hospicare in the amount of:

\$_____ (Please make check payable to "Hospicare".)

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

<p>This gift is in honor of:</p> <p>Name: _____</p> <p>Please send notification of this gift to the honoree:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
--

<p>This gift is in memory of:</p> <p>Name: _____</p> <p>Please send notification of this gift to their family member / friend:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
--

Your gift is meaningful. Thank you!

Please mail this form and your check to:

Hospicare & Palliative Care Services
172 East King Road
Ithaca, NY 14850