



I/we would like to donate to Hospicare in the amount of \$_____.

I/we would like to become a Hospicare GEM with a monthly gift of \$_____.

*Hospicare GEMS are individuals who **Give Every Month** to support patients and families who are facing serious illness, end of life, or profound grief.*

I/we are making our donation by:

The enclosed check. Please make checks payable to Hospicare & Palliative Care Services.

Credit card

Card Number: _____

Expiration Date (month and year): _____

CVV code (three or four digits on back of card): _____

Name on card: _____

Billing address: _____

Email address: _____

Please contact me to discuss my gift and/or payment method.

This gift is (circle one) in memory of/in honor of:

Name: _____

Please send a notification of the gift to:

Name: _____

Address: _____

City/State/Zip: _____

**Please return this form to: Gift Processing, Hospicare & Palliative Care Services
172 E King Road, Ithaca, NY 14850**

***THANK YOU! Your donations support patients and families
throughout Cortland and Tompkins counties.***