

Donation Form

Thank you for your contribution. Your generous donation will go to support the many programs and services of Hospice & Palliative CareCenter.

Name: _____

Address: _____

Phone number: _____

E-mail: _____

___ My company/employer will match this gift; I will provide the form.

Name of company: _____

___ Please tell me how I can put Hospice & Palliative CareCenter in my will.

My gift is: in memory of in honor of

List name(s): _____

Please send an acknowledgement of this donation to (leave blank if same as address above):

Name: _____

Address: _____

Please make checks payable to: Hospice & Palliative CareCenter, 101 Hospice Lane, Winston-Salem, NC 27103.

If paying by credit card:

Amount: _____ Credit card type: _____

Credit card number: _____

Expiration date: _____