



## Mail-In Donation Form

If you would prefer not to make an online donation, donations can be sent by mail using this form. Please address to:

**HOSPICE & PALLIATIVE CARE, INC.**  
**4277 MIDDLE SETTLEMENT RD**  
**NEW HARTFORD NY 13413-9954**

### DONOR & FAMILY ACKNOWLEDGEMENTS

Hospice & Palliative Care gratefully accepts donations in honor or memory of a friend or a loved one and appreciates when our patients' families designate Hospice & Palliative Care as the memorial recipient.

When a memorial donation in any denomination is received, a thank you letter is sent to the donor stating the amount of the gift which the donor may need for tax purposes. A letter is also sent to a designated family member of the person being memorialized, so they will know the name of those who have remembered their loved one. This letter does not include the amount of the donation, simply the name and address of the person making the donation.

### MEMORIAL GIVING TREE

Individual gifts (not cumulative) of \$250 or more will be recognized on our Memorial Giving Tree. For more information on this or other giving opportunities, **please contact Hospice & Palliative Care at (315) 735-6484 or 1 (800) 317-5661.**

\$25    \$50    \$100    \$250    \$1,000    \$2,500    \$5,000    Other \_\_\_\_\_

In Recognition of \_\_\_\_\_

Gift from (PRINT NAME): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send acknowledgement to the person(s) listed below:

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please make checks payable to Hospice & Palliative Care, Inc.**

Charge my credit card:  VISA    MASTERCARD    DISCOVER

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code (on back of card): \_\_\_\_\_ Zip Code for Charge Card Account: \_\_\_\_\_

I WANT TO HELP HOSPICE "GO GREEN" AND SAVE POSTAGE. NO ACKNOWLEDGEMENT NECESSARY.