



HOSPICE FOUNDATION

Supporting Your Nonprofit End-of-Life Care Provider

Formerly Hospice of Palm Beach/Broward County Foundation & Hospice by the Sea Foundation

TO MAKE A DONATION: Complete and mail to: 5300 East Avenue, West Palm Beach, FL 33407 or Fax to (561) 494-6889

Please include complete names and addresses so we can correctly acknowledge your donations.

Title: Mr. and Mrs. Mr. Mrs. Ms. Dr. Dr. and Mrs. Other _____

Donor: First Name: _____ Last Name: _____

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: Daytime: _____ Evening: _____

Email: _____

Credit card: Visa MasterCard American Express Discover *minimum donation amount \$18.00

Credit card number: _____ Expiration Date: _____

Signature: _____

I/We wish to make a tax-deductible donation in the amount of: _____

The gift is given: in Memory of In honor of Birthday Anniversary Other _____

This is a general contribution: Yes No

My tribute is: in Memory of / in honor of (please circle one) * maximum of 2 notifications per donation of \$18 or more

First Name: _____ Last Name: _____

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

Name(s): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Relationship between the honoree and the person being notified _____

Please restrict my gift to (optional) :

- Bereavement Programs Music Therapy Medical Fellowship
- Pet Therapy Staff Training and Education Children's Activities Fund

I would like to make this donation anonymously. Yes No

Do you want to receive mailings from Trustbridge? Yes No

Do you want to be added to our Email mailing list? Yes No