



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

(Only used for HRRV correspondence, will not be shared)

Recognizing the importance of the Growing a Tradition of Care campaign to build a hospice home,

I/we give the following gift of \$ _____ .

Payments will be made:

Once quarterly semi-annually annually, beginning _____ of 20_____ .

Month

Year

Over 1 year 2 years 3 years.

Payment enclosed \$ _____ . Checks payable to HRRV Hospice Home Fund.

Charge my credit card: Card # _____ Exp. _____ Sec. Code _____

(We cannot accept American Express)

(3-digit code on back)

My gift will be matched by: _____ .

Company Name

Please enclose matching gift form if required by your company.

Gift given _____ in Memory of or _____ in Honor of: _____

I/We are interested in one of the available naming opportunities. Please call me/us.

I/We would like our gift to remain anonymous.

I/We wish to make a gift other than cash; please contact me/us.

Signature(s) _____ Date: _____

Make gift(s) payable to: Hospice of the Rock River Valley
2600 N. Locust St., Suite B
Sterling, IL 61081
815.625.3858
HospiceRockRiver.org

A United Way Partner Agency.

Contributions to Hospice of the Rock River Valley, a 501(c)(3) nonprofit organization, are tax deductible to the greatest extent of the law.