



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.