



## DONATION FORM

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

I/We give the following gift of \$ \_\_\_\_\_

Payment Enclosed \$ \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

Charge my Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Gift is given:

In Memory of \_\_\_\_\_  In Honor of \_\_\_\_\_

### I/We would like our gift designated to:

\_\_\_\_\_ Hospice Home Building Fund

\_\_\_\_\_ Hospice Home Charitable Care Fund

\_\_\_\_\_ Hospice Home Memorial Garden

\_\_\_\_\_ General Donation

\_\_\_\_\_ Memorial Fund

\_\_\_\_\_ Other – Please Specify \_\_\_\_\_

### **OPTIONAL:**

Please send an acknowledgement of my gift to:

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make (gifts) payable to: Rock River Hospice and Home  
2706 Avenue E.  
Sterling, IL 61081  
815-625-3858  
hospicerockriver.org

### **A United Way Partner Agency**

Contributions to Rock River Hospice and Home, a 501 (c) (3) nonprofit organization, may be tax deductible.