FairHoPe
Hospice & Palliative Care, Inc.

Enclosed is my donation of **$_____.**

This gift is from:

Mr. /Mrs. /Dr. /Ms. _____

Address _____

City _____ State _____ Zip _____

Phone (___) _____ Email _____

Please make your tax-deductible check payable to: FairHoPe Hospice & Palliative Care, Inc.

Type of card: **Visa** **Mastercard**

Credit Card #: | | | | | | | | | | | | | | | | |

Expiration Date: | | | | |

3-Digit Security Code: | | | |

Name on Card: _____

Signature: _____ Date: _____

My gift is in memory of (*Name of deceased*):_____

My gift is in honor of (*Name of living individual(s)*):_____

Please notify the following:

Mr. /Mrs. /Dr. /Ms. _____

Address _____

City _____ State _____ Zip _____

_____ I would like my gift to be anonymous.

_____ My company will match the donation. The matching gift form is enclosed.

Please send me information about:

_____ Planned Giving
_____ How to include FairHoPe Hospice in my will.
_____ Becoming a Volunteer.

If you have any questions, please do not hesitate to call: (740) 654-7077.

Please mail your donation to:
FairHoPe Hospice & Palliative Care, Inc.
282 Sells Road
Lancaster, OH 43130-3461