



# DONATION

Hospice of the Valley is a not-for-profit organization devoted to providing quality, compassionate care to people nearing the end of their lives as well as supporting their families. We provide the care regardless of ability to pay.

Thank you for your support of Hospice of the Valley. Your contribution is tax-deductible as provided by law. Employer matching gifts are welcome. Your donation is important to our organization and the families we serve.

**Print this form and mail it along with your donation to:**

**Hospice of the Valley**  
1510 E. Flower St.  
Phoenix AZ 85014  
602.530.6992

### Donor information

Donor name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (for questions regarding your donation) \_\_\_\_\_ Email \_\_\_\_\_

I do not want to receive future mailings from Hospice of the Valley. Please remove my name from your mailing list.

### Please send me information about

Volunteering       Including HOV in my will / estate plans       Special events       Other giving opportunities

HOV services (please specify) \_\_\_\_\_

### Donation information

Donation amount \$ \_\_\_\_\_  Make this a monthly donation  Employer-matching gift (form enclosed)

In honor of (name) \_\_\_\_\_

In memory of (name) \_\_\_\_\_

Please send an acknowledgment to (name) \_\_\_\_\_

Acknowledgement relationship to honoree \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### Method of donation

Check-number \_\_\_\_\_ (payable to Hospice of the Valley is enclosed)       Credit card

### Credit card information

Type       Visa       MasterCard       Discover       American Express

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than mailing address)

Name on card \_\_\_\_\_

Number \_\_\_\_\_ CCV \_\_\_\_\_ Exp date \_\_\_\_\_

**Hospice of the Valley Tax ID 86-0338886**