



Willamette Valley Hospice

Donation Form

I would like to make my gift in honor of someone special:

In Memory of: _____

In Honor of: _____

Name: _____

Occasion: _____

Please send an acknowledgement card to the following (e.g. next of kin, family member).

The amount of your gift will be omitted.

Name: _____

Address: (include city, state, zip) _____

Today's Date: _____

This is a gift from:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day) _____ (eve) _____

Fax: _____ Email: _____

Donation Type: Check(s) Other Cash Amount \$ _____

Please charge my/our donation to: VISA MasterCard American Express Discover

Credit Card # _____ Expiration Date: _____

Name as it appears on card: _____

Signature of Cardholder _____

If you would rather give your credit card information by phone, please call the Development Office at 503.588.3600, toll free (800) 555.2421 or to mail your information to: Willamette Valley Hospice, 1015 3rd St. NW, Salem, OR 97304.

Web Donation Form

Please contact me regarding other giving programs at Willamette Valley Hospice:

- The Willamette Valley Hospice Annual Fund
- The Gifts of Care Capital Campaign
- Children's Bereavement Services
- Planned giving opportunities for Willamette Valley Hospice
- How I can include Willamette Valley Hospice in my will
- How I can become a Willamette Valley Hospice volunteer

Willamette Valley Hospice
1015 3rd St. NW
Salem, OR 97304

I /We wish to make a **TOTAL** gift of:

- \$5,000 \$500 \$75 \$25
- \$1,000 \$100 \$50 Other: _____

Pledge my donation: annually semiannually quarterly

Please specify other area of interest or special instructions regarding your donation:
