



Mail-In Donation Form

I wish to make a gift in memory or in honor of **(please circle one)**:

Please notify the following individual(s) of my gift:

Name(s) _____

Address _____

City _____ State _____ Zip _____

I would like my donation to be used for the following Harbor Hospice service:

- Greatest Needs Fund
- Leila & Cyrus Poppen Hospice Residence
- Hospice Care
- Bereavement Services
- Bob & Merle Scolnik Healing Center
- Palliative Care
- Volunteer Services

Enclosed is my gift in the amount of \$_____

- I do not need a letter of acknowledgement

Or, please charge my credit card **(please circle one)**: Visa Mastercard Discover

Card # _____ Exp. Date _____ *Security Code _____

*Three Digit Security code on the BACK of card

Donor's Name(s) _____

Gift Also from _____

Name of Person on Credit card _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email (confirming to sign up for emails) _____