



Mail-In Donation Form

I wish to make a gift in ____memory or in ____honor of (please check 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:

- ☐ Leila & Cyrus Poppen Hospice Residence
- ☐ Hospice Care
- ☐ Bereavement Services
- ☐ Bob & Merle Scolnik Healing Center
- ☐ Palliative Care
- ☐ Volunteer Services
- ☐ Other (please specify) _____

Enclosed is my gift in the amount of \$ _____

- ☐ I do not need a letter of acknowledgement

or please charge my credit card (please check 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) _____

Donations are tax-deductible. The Federal Tax I.D. number for Harbor Hospice Foundation is 47-2115941

*Mailing completed form to:
Harbor Hospice Foundation
1050 W. Western Avenue, Suite 400
Muskegon, MI 49441*