



## 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*