



HOSPICE OF
HELPING HANDS INC.

"It's about how you live."

Donation Form

All donations are greatly appreciated as they are used to provide hospice care, medications, supplies and equipment to uninsured patients in our community.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

This section to be filled out only if donation is in "memory of" or in "honor of" someone.

This donation is in memory of: _____

This donation is in honor of: _____

To commemorate (*indicate if donation was made for a special occasion; such as, birthday, anniversary*):

Please inform the family of the loved one I made this donation in memory/honor of by sending a donation recognition card to them at:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Upon receipt of a gift, a card is sent to the family of the person honored with the name or names of the donor(s).
The amount of the gift is NEVER indicated. Your contribution will be acknowledged and is tax deductible.*

Please send in this completed form and check or money order to:

**Hospice of Helping Hands, Inc.
335 E. Houghton Ave.
West Branch, MI 48661**

Hospice of Helping Hands Thanks You for Your Donation!