

Hospice Donation Form

Your Name: _____

Address: _____

Donation in Honor of: _____

Donation in Memory of: _____

Or a General Donation?: _____

Total Amount Enclosed: \$_____

At your request, we will be happy to send acknowledgement of your gift to:

Name: _____

Address: _____

My employer _____, will match my gift. I will initiate this procedure right away.

Please make checks payable to Friends of Lewis County Hospice and mail to: Friends of Lewis County Hospice, PO Box 266, Lowville, NY 13367

For further information please email Tom Yousey at:

ttlyousey@frontiernet.net