YOLO HOSPICE

Yolo Hospice is a not-for-profit hospice serving patients and their families in Yolo, Solano, Sacramento, Colusa and Sutter counties. **Your tax deductible gifts help make this possible.**

Name _____

Company Name (if applicable) _____

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Phone: Home (_____) _____ Work (_____) _____

Email Address: _____

This gift is: In Memory of In Honor of Other_____

Name of Person: _____

. Please notify: _____

at this address: _____

. Acknowledgement of donation NOT needed

This gift is anonymous. Please DO NOT list my/our name in your publications.

I'd like **more information** about: Hospice Care Services

Leaving Yolo Hospice in my will and/or estate plans

Donating Stock, Property, etc.

Amount:

Total amount enclosed. **Please make your check payable to Yolo Hospice.**

Charge my gift of $ _____ ($25.00 minimum) to:

Visa/MasterCard/ American Express #_____ Exp. Date_____

My credit card is to be charged: one time only monthly quarterly semi-annually

Please mail this form to Yolo Hospice, P.O. Box 1014, Davis, CA, 95617.
Please call us at (800) 491-7711 if you have any questions.