

**Yolo Hospice serves terminally ill patients and their families
in Yolo County, Dixon, and some parts of Colusa,
Sacramento and Sutter counties.
Your tax deductible gifts help make this possible.**

Your Name _____ Company Name _____

Address _____ City/State/Zip _____

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

Please send _____ more envelopes

Please send more information regarding:

- Hospice Care Services
- Leaving Yolo Hospice in my will and/or estate plans
- Donating Stock, Property, etc.

Mail To:

**Yolo Hospice
PO Box 1014
Davis, CA 95617**

This gift is: In Memory of Donation Other _____

Name of Person Honored _____

- Please Notify _____ of donation
- Acknowledgement of donation not needed

Address _____ City/State/Zip _____

Amount: \$ _____, to be paid as follows:

- Total amount enclosed

Charge my gift (\$25.00 minimum) to:

Visa MasterCard # _____ Exp. Date _____

\$ _____, to be charged to my credit card

- one time only monthly quarterly semi-annually

Please make your check payable to Yolo Hospice. Thank you.