Hospice of the Valley™

DONATION FORM

Please complete this form and include with your donation to:
Hospice of the Valley, 4850 Union Avenue, San Jose, CA 95124-5156
(Please type or print)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

GIFT AMOUNT: $_____

❑ Check (Made payable to *Hospice of the Valley*) CK# _____

I wish to charge my credit card: Signature _____

❑ VISA
❑ MasterCard
❑ AMEX

Card # | | | | | | | | | | | | | | | | Exp. Date _____ - ____
month year

Name as it appears on credit card ____ _____

Card billing address (*if different from above*):

Address _____

City _____ State _____ Zip _____

❑ My employer will match my personal gift. Company Name: _____

❑ This gift is given: ❍ In Memory of ❍ In Honor of ❍ Other: _____

In Memory/Honor of: _____

Hospice of the Valley will notify an individual or group of your memorial or honorary gift. (The amount of your gift will not be indicated.) Please notify the following of my gift:

Name _____

Address _____

City _____ State _____ Zip _____

Please send information or contact me about the following:

❑ Hospice care
❑ Bereavement programs
❑ Volunteer opportunities
❑ Scheduling a speaker
❑ Donor recognition program
❑ Including Hospice of the Valley in estate plans
❍ I have included Hospice of the Valley in my will

Hospice of the Valley is a nonprofit organization and all gifts are tax deductible. Federal Tax ID #94-6068843