



PRINT AND MAIL DONATION FORM

Mail to: Continuum Care Hospice Foundation Inc.
2102 Avenue Z, Suite 201
Brooklyn, NY 11235

Thank you for supporting Continuum Care Hospice Foundation!

Donor Name(s) (as you wish to be recognized) _____

Address _____

City/State/Zip _____

E-mail _____

Preferred Phone (____)_____ This is my Home Work Cell

Enclosed is my/our gift of:

\$1000 \$500 \$250 \$100 \$50 Other_____

Payment Method:

Check payable to Continuum Care Hospice Foundation is enclosed

Charge my credit card # _____

Name as it appears on card _____ Expiration _____

Memorial/Tribute Information:

In memory of In honor of _____

Please notify the following person(s) of my gift:

Name _____ Relationship to honoree _____

Address _____

City/State/Zip _____

(The gift amount will remain confidential)

*Continuum Care Hospice Foundation is a 501(c)(3) nonprofit organization;
Contributions are tax deductible to the greatest extent allowed by law.*