



**Printable Donation Form:**

Please print and fill out this form, then mail to the address below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

This donation is in memory of \_\_\_\_\_ or

This donation is in honor of \_\_\_\_\_

Please list names and addresses of people you would like to have notified of your donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to make a donation of \$25 \$50 \$100 Other (enter amount)  
US\$ \_\_\_\_\_ (The amount of your donation will be shown only on your receipt.)

Credit Card Type:  Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

*Optional:* Please designate this gift to one of the following programs:

- L'Chaim Jewish Hospice Program
- Camp Hope – Children's Bereavement Camp
- Stars Program – Pediatric Hospice
- Other \_\_\_\_\_

Please print this page and mail with your donation payable to:

**Catholic Hospice**  
**14875 NW 77 Avenue**  
**Suite 100**  
**Miami Lakes, FL 33014**

Thank you for your gift. Catholic Hospice, Inc. is a non-profit public charity chartered under Section 501(c) (3) of the Internal Revenue Code. Your donation is tax deductible to the extent allowed by law.