



Donation Information

I/We would like to make a:

_____ General Donation

_____ Donation In Honor of - Name: _____

_____ Donation In Memory of - Name: _____

Amount of Donation: (Please circle amount)

\$500 \$250 \$200 \$150 \$100 \$75 \$50 \$25 Other:\$ _____

Donor Information:

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Please notify the following person of this donation:

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

___ Please make check payable to: Catskill Area Hospice

___ Please charge my Credit Card:

Visa / MC / Discover / Amex (please circle)

Credit Card# _____

Expiration Date ____/____ CVV Code _____

Please Mail to:

Catskill Area Hospice and Palliative Care,
1 Birchwood Drive
Oneonta, New York 13820

-Thank you for your meaningful contribution-