

Memorial Gift Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

My Gift In Memory Of:

(Name) Mr. Mrs. Ms.	
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Please Notify The Following Individual(s) Of This Memorial Gift (without mention of gift amount):

Name	
Relationship to Honoree	
Address	
City	
State	
ZIP Code	

Gift Information

My gift in the amount of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other: _____

Please accept this contribution in the form of:

cash check credit card Other (please contact the FHPC office for information about gifts of securities and other options.)

Credit card type			
Credit card number			
Expiration date		Security code	
Authorized signature			

My gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded

Make checks, corporate matches, or other gifts payable to: **Florida Hospice & Palliative Care Association**

2000 Apalachee Parkway, Suite 200

Tallahassee, FL 32301

Ph: 850.878.2632 Fx: 850.878.5688