



NORTHERN ILLINOIS  
**Hospice and  
Grief Center**  
Live every moment

**Mail-in Donations Form**

To send your donation by mail, please print out this form and mail to:

**Development Office  
Northern Illinois Hospice and Grief Center  
4215 Newburg Road  
Rockford, IL 61108**

Questions about this form? Please call: **815-398-0500**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

Method of payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Card number \_\_\_\_\_

Exp Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Amount \$ \_\_\_\_\_

We wish to remain anonymous? yes \_\_\_\_\_ no \_\_\_\_\_

This gift is to support:

Hospice Services \_\_\_\_\_ Grief Services \_\_\_\_\_

**(OPTIONAL) This is a gift in honor of (a living person)**

Please notify \_\_\_\_\_ of the gift \_\_\_\_\_

Address \_\_\_\_\_

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

**(OPTIONAL) This is a gift in memory of** \_\_\_\_\_

Please notify \_\_\_\_\_ of the gift \_\_\_\_\_

Address \_\_\_\_\_

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

Other comments \_\_\_\_\_

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