



## Mail-In Donation Form

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

Northern Illinois Hospice  
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 \_\_\_\_\_ Other \_\_\_\_\_

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

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

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

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

We wish to remain anonymous? Yes \_\_\_\_\_ No \_\_\_\_\_

(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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_