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"Preserving the integrity of the hospice philosophy in the finest traditions of serving you."

# Donation Form

352-527-2020  
Toll Free: 866.642.0962  
Fax: 352.527.0386

**Mailing Address:**  
P. O. Box 641270  
Beverly Hills FL 34464

Date: \_\_\_\_\_  
Donor/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
In Memory/ Honor of: \_\_\_\_\_

**Please send acknowledgment of gift to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="radio"/> Herry's Kids Children's Services (including Camp) | <input type="radio"/> Patient Services        |
| <input type="radio"/> Give for Good Capital Campaign for Hospice House  | <input type="radio"/> Memorial                |
| <input type="radio"/> Hospice Care Unit at CMH                          | <input type="radio"/> Thrift and Gift Shoppes |
| <input type="radio"/> Hospice House Operations                          | <input type="radio"/> Volunteer Services      |
| <input type="radio"/> Wings Grief Support                               | <input type="radio"/> Other _____             |

Make check payable to Hospice of Citrus County or Hospice of the Nature Coast

Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash Amount: \_\_\_\_\_  
Credit Card Type:  Master Card  Visa Credit Card Amount: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
3 Digit Code: \_\_\_\_\_ (From Back of Credit Card) Zip Code: \_\_\_\_\_

**I would like more information about:**

- Planned Giving  Estate Planning  Volunteer Opportunities  Grief Support  
 Other \_\_\_\_\_

*Thank you for your generous contribution.*

**This form is a receipt for your donation. Please retain for income tax purposes.**

**"No goods or services were provided by Hospice of Citrus County/Hospice of the Nature Coast in exchange for this donation."**

Registration No. CH1413

100% of each contribution is received by Hospice of Citrus County/Hospice of the Nature Coast  
A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE  
DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE.  
REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Name of Person Accepting Donation: \_\_\_\_\_