

MEMORIAL GIFT/DONATION

Donor Information:

Name _____ Telephone _____

Address _____

Email _____

In Memory/Honor of _____

- () No acknowledgement necessary.
- () Please mail acknowledgement of this donation to me.
- () Please notify the individual below of my donation.

Name _____

Address _____

Total Amount of Donation: \$_____

- Cash
- Check enclosed (*Please make checks payable to Hospice of the Finger Lakes*)
- Credit card accepted: (*Visa or MasterCard*)

Account Number

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Expiration Date

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CVV/CVC code

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Mp. Yr.

Name/Address on card if different than donor name:

Date _____ Signature _____