



WHATCOM
HOSPICE
FOUNDATION

PRINT AND MAIL DONATION FORM

Mail to: Whatcom Hospice Foundation
2901 Squalicum Parkway
Bellingham WA 98225

Thank you for supporting Whatcom Hospice Foundation!

Donor Name(s) *(as you wish to be recognized)* _____

Address _____

City/State/Zip _____

E-mail _____

Preferred Phone (_____) _____ This is my Home Work Cell

Enclosed is my/our gift of:

\$1000 \$500 \$250 \$100 \$50 Other _____

Fund Designation:

- Where the Need is Greatest (Unrestricted)
 Hospice House

Payment Method:

- Check payable to Whatcom Hospice Foundation is enclosed

Memorial/Tribute Information:

In memory of In honor of _____

Please notify the following person(s) of my gift:

Name _____ Relationship to honoree _____

Address _____

City/State/Zip _____

(The gift amount will remain confidential.)