WHATCOM HOSPICE FOUNDATION

PRINT AND MAIL DONATION FORM

Please Mail to:

Whatcom Hospice Foundation
2901 Squalicum Pkwy.
Bellingham, WA 98225

Thank you for supporting
Whatcom Hospice Foundation!

100% of your gift will stay in our local community.

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.)

Whatcom Hospice Foundation is a 501(c)(3) nonprofit organization. **Tax ID 94-3146369.**
Contributions are tax deductible to the greatest extent allowed by law.