



**Thank you for your generosity.**

Your tax-deductible contribution will assist Hinds Hospice in continuing our mission “to uphold the dignity and ease the suffering of the terminally ill while supporting their loved ones, and those who are grieving.”

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This donation is :

- In honor of                       In memory of

Name: \_\_\_\_\_  
(Please print clearly)

Please notify the following of the donation (amount will not be disclosed):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please designate my donation to the following program(s):

- |                                                |                                                                              |                                      |
|------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hospice Care Services | <input type="checkbox"/> Center for Grief & Healing/<br>Bereavement Services | <input type="checkbox"/> Ray of Hope |
| <input type="checkbox"/> Fresno                |                                                                              |                                      |
| <input type="checkbox"/> Madera                | <input type="checkbox"/> Angel Babies/Bebitos Angelitos                      | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Merced                | <input type="checkbox"/> Fresno/Madera                                       | _____                                |
| <input type="checkbox"/> Hinds Hospice Home    | <input type="checkbox"/> Merced                                              | (please specify)                     |

● Enclosed is my check or cash in the amount of \$ \_\_\_\_\_

● Please charge my donation to my:  VISA    Mastercard    Discover    American Express

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

Please mail this completed form along with your contribution to:

Hinds Hospice  
2490 W. Shaw Ave., Suite 101  
Fresno, CA 93711

**Please know your donation will go toward the program or community you checked above.  
For any questions regarding your donation, please call the Hinds Hospice  
Fund Development office at (559) 320-0308.**