



Valley Hospice

# eContribution Form

*Caring. Living. Healing.*

**Enclosed is my contribution of \$\_\_\_\_\_ to Valley Hospice, Inc.**

**In**  memory  honour of \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip  
( )

\_\_\_\_\_  
Telephone eMail

We respect your privacy. Check this box if you do not wish to receive marketing or fund-raising communications from Valley Hospice, Inc. in the future.

**Please send an acknowledgement to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

**Payment Options:**

- My check is enclosed
- Please charge my:
  - VISA       MasterCard       Discover       American Express

Name as it appears on your card:

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp: \_\_\_\_/\_\_\_\_

- Please call me for my Credit Card information.
- My company has a matching gifts program.

Company: \_\_\_\_\_ Contact Information: \_\_\_\_\_

- I am interested in Naming Opportunities (\$1,000 and up), please have the Development Director contact me.

**Please print and mail to:**

Development Office  
10686 Route 150  
Rayland, OH 43943  
740-859-5650  
Toll-free: 1-877-HOSPICE