



## Mail-in Donation Form

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

- Please list me as "Anonymous" on published donor lists.  
 My employer will match my gift. My matching gift form is  enclosed  on the way.

### Donation Information

I would like to donate \$ \_\_\_\_\_

My check (payable to Providence Hospice of Seattle Foundation) is enclosed.

Please charge my  Visa  MasterCard

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

I want my gift to help:

- Wherever the need is greatest
- Stepping Stones (children's hospice & palliative care)
- Safe Crossings (children's grief support)
- Camp Erin—King County
- Transitions
- Volunteer Services
- Grief Support Services
- Patient Special Needs Fund

This gift is in  honor or  memory of:

\_\_\_\_\_

Please notify the following individual of my honor/memorial gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mail this form with payment to: Providence Hospice of Seattle Foundation  
2811 S. 102<sup>nd</sup> Street, Suite 220  
Tukwila, WA 98168

Questions: Call 206-320-7188.