

☐ Yes	I believe in the comfort, peace of mind and dignity that hospice provides to those who are terminally ill. My tax-deductible donation is enclosed for Hospice Life Care. Matching Gifts: If your employer has a matching gift program, please also enclose the appropriate forms (available from your Personnel Department). We will help you process them.	
□ No	I am unable to donate at this time, but I do believe in hospice and what it provides for those who are terminally ill. Please retain my name on your mailing list and keep me informed of the progress of Hospice Life Care	
	Please remove my name from your r	mailing list
Name:		Check here if yours is a memorial contribution. In memory of:
Address:		•
City:	State: Zip:	Send acknowledgement to:
☐ Philanthropist	Above \$2,000	
☐ Benefactor	\$1,000 to \$1,999	☐ I would like information on becoming a Hospice
☐ Advocate	\$500 to \$999	Life Care Volunteer: I would like to volunteer to wrap gifts for
☐ Patron	\$100 to \$499	Hospice Life Care at the Holyoke Mall during the Holiday Season:
☐ Donor	\$1 to \$99	My phone number is:

Please make checks payable to: Hospice Life Care 575 Beech Street, Holyoke, MA, 01040