



Gift/Donation Form

A New York State
Certified Hospice
Caring for
the People of
Long Island's
East End

This gift is given: in memory of: in honor of: as a donation.

Name (please print legibly)

Occasion: Get Well Wish Birthday Anniversary Holiday Gift
 Memorial Service Special Recognition Donation Other

Please send notification of my gift, without specifying amount, to:

NAME _____
ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP _____

This gift is from (please print legibly):

NAME _____
ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP _____
DAYTIME PHONE () _____

Yes, my employer has a matching gifts program. Forms are attached.

I would like more information about:

Including East End Hospice in my will Hospice Services Volunteering

Enclosed is my gift of:

\$5,000 \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

With my check made payable to *East End Hospice, Inc.*

Please charge my gift to: Visa MasterCard American Express

CARD NUMBER* _____ EXP. DATE* _____

SIGNATURE* _____ DATE _____

CREDIT CARD CVV CODE* _____

*Where is the CVV code?
Visa/MasterCard - 3-digit number printed on the signature line on the
back of the card. American Express - 4-digit number printed on the front of
the card.*

*Required for Credit Card Payment

East End Hospice, Inc. · Post Office Box 1048 · Westhampton Beach, NY 11978-7048 · (631)288-8400 Fax: (631)288-8492

Contributions are tax deductible to the full extent allowed by law