CFASC-HPCF Donation Form

*** Please Do NOT Staple Checks***

****** Please write legibly in order for the information to be properly recorded******

Name _____

Phone Number: _____ Email Address: _____

Please Sign Me Up for eNewsletter: _____ Yes _____ No

Street Address _____

City: _____ State:_____ Zip Code: _____

Donation Amount: $_____

Method of Payment: _____ Check _____ Money Order _____ Cash

Is the Donation in Honor (living) _____ Or in Memory (deceased) _____ of Someone?

If yes, Please Provide Their Name _____

Also, please provide the address of a family member so we can notify them of the donation:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State:_____ Zip Code: _____

Any Additional Instructions _____

_____

Donations Can Be Mailed To:
Hospice & Palliative Care Foundation
Post Office Box 151
Drayton, SC 29333

Telephone: 855-219-1648
Email: info@hpcfoundation.org
Website: www.hpcfounation.org