



## 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 pediatric hospice and palliative care
- Safe Crossings children's grief support
- Camp Erin-King County
- Transitions
- Volunteer services
- Grief support services
- Patient special needs fund
- Massage, music, animal-assisted, and other complementary therapies
- 2010 Hospice Challenge Matching 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  
425 Pontius Avenue N, Suite 300  
Seattle, WA 98109

Questions: Call (206) 320-7188.