

# Memorial Gift Form



## Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

## My Gift In Honor or Memory Of:

(Name) Mr. Mrs. Ms.	
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## Please Notify The Following Individual(s) Of This Memorial Gift (without mention of gift amount):

Name Person to Notify	
Their Relationship to Honoree	
Address	
City	
State	
ZIP Code	

## Gift Information

My gift in the amount of:

\$1,000    \$500    \$250    \$100    \$50    \$25    Other: \_\_\_\_\_

Please accept this contribution in the form of:

cash    check    credit card    Other (please contact the FHPC office for information about gifts of securities and other options.)

Credit card type			
Credit card number			
Expiration date		Security code	
Authorized signature			

My gift will be matched by \_\_\_\_\_ (company/family/foundation).

form enclosed    form will be forwarded

Please make checks, corporate matches, or other gifts payable to:

**Florida Hospices & Palliative Care**  
**817 North Gadsden Street**  
**Tallahassee, FL 32303**  
**Ph: 850.878.2632 Fx: 850.878.5688**