

HOSPICE OF NORTHWEST OHIO

# Gift Form

## Name of Donor/s

\_\_\_\_\_

\_\_\_\_\_

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

DAYTIME PHONE NUMBER  WORK  HOME  CELL

EMAIL (OPTIONAL)

## Contact Person If Different Than the Named Donor/s

NAME

DAYTIME PHONE NUMBER  WORK  HOME  CELL

Amount of Gift: \$ \_\_\_\_\_

## How This Gift Should Be Used:

Gift is unrestricted and should be used where the need is greatest

Gift is in support of a special event or project

Describe: \_\_\_\_\_

Is This Gift in Memory or in Honor of Someone?  Yes  No

In Memory of  In Honor of

NAME (PLEASE PRINT)

Did this person receive care from Hospice of Northwest Ohio?

Yes  No

## Person to Be Notified of Your Memorial or Tribute Gift:

NAME

ADDRESS

CITY

STATE

ZIP

## Method of Payment

Check, payable to Hospice of Northwest Ohio

MasterCard  Visa  Discover

NAME AS IT APPEARS ON THE CREDIT CARD

CARD HOLDER ADDRESS (IF DIFFERENT THAN DONOR)

CARD NUMBER

EXP. DATE

3- OR 4-DIGIT SECURITY CODE  
FROM BACK OF CARD

SIGNATURE

DATE

## Matching Gift Program?

Many area employers sponsor matching gift programs for employees or retirees. This could double your gift to Hospice of Northwest Ohio.

My employer has a matching gift program  Yes  No

I will obtain a matching gift form and send it to the address below

## Other Giving Options to Consider

I would like to know more about:

Electronic transfer of funds from my bank account on a monthly basis  
 Automatic payments billed to my credit card monthly, quarterly or semi-annually

Transfer of securities

Bequests

## Please mail this form with your check or payment information to:

Hospice of Northwest Ohio  
30000 East River Road  
Perrysburg, OH 43551  
419-661-4001