



Blue Ridge Hospice

Donation Form

I want to support the services provided by Blue Ridge Hospice by giving: \$_____.

Giver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to "Blue Ridge Hospice" or provide your credit card information below. Blue Ridge Hospice accepts VISA and MasterCard.

Card No: _____ Exp. Date: _____

Signature: _____

Please mail this form with your donation to: Blue Ridge Hospice
333 West Cork Street
Winchester, VA 22601

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This donation is **in honor** or **in memory** of:

Name: _____

Please notify: _____ about this gift.

(Amounts are not specified in the notification.)

Address: _____

City: _____ State: _____ Zip: _____

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I would like to **receive**: Printed Newsletter E-mail notices

Thank you.

Blue Ridge Hospice is a not-for-profit organization and all gifts are tax deductible.