



DONATION

Hospice of the Valley is a not-for-profit organization devoted to providing quality, compassionate care to people nearing the end of their lives as well as supporting their families. We provide the care regardless of ability to pay.

Thank you for your support of Hospice of the Valley. Your contribution is tax-deductible as provided by law. Employer matching gifts are welcome. Your donation is important to our organization and the families we serve.

Print this form and mail it along with your donation to:

Hospice of the Valley
1510 E. Flower St.
Phoenix AZ 85014
602.530.6992

Donor information

Donor name _____

Organization _____

Address _____ City _____ State _____ Zip _____

Phone (for questions regarding your donation) _____ Email _____

☐ I do not want to receive future mailings from Hospice of the Valley. Please remove my name from your mailing list.

Please send me information about

☐ Volunteering ☐ Including HOV in my will / estate plans ☐ Special events ☐ Other giving opportunities

☐ HOV services (please specify) _____

Donation information

Donation amount \$ _____ ☐ Make this a monthly donation ☐ Employer-matching gift (form enclosed)

In honor of (name) _____

In memory of (name) _____

Please send an acknowledgment to (name) _____

Acknowledgement relationship to honoree _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Method of donation

☐ Check-number _____ (payable to Hospice of the Valley is enclosed) ☐ Credit card

Credit card information

Type ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Billing address _____ City _____ State _____ Zip _____
(if different than mailing address)

Name on card _____

Number _____ CCV _____ Exp date _____

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