



Hospice
of the
Calumet
Area

THIS GIFT IS FROM _____

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(Please print clearly) (Phone # required)

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City _____ State _____ Zip _____

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Gift amount (Make checks payable to Hospice of the Calumet Area):

\$250 \$100 \$50 \$25 \$ _____

Pay by Credit Card: VISA MasterCard Discover American Express

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Thank you for your tax deductible contribution.

Donors and persons honored by gifts are recognized in the Hospice of the Calumet Area newsletter.

This gift is given in memory of in honor of

Please notify the following person(s) of my gift (without specifying amount):

Name _____

Relation to person being memorialized (if known) _____

Address _____

City _____ State _____ Zip _____

- I am interested in working as a volunteer.
- Please send information about Hospice of the Calumet Area.
- Please send me information about remembering Hospice of the Calumet Area in my will.

Code: Web

Mail to: Hospice of the Calumet Area, Inc.
600 Superior Ave., Munster, IN 46321