



# Hospice of Anchorage Donation Form

Please make checks payable to Hospice of Anchorage

Your Name/Corporation Name

Phone Number

Address

City

State

ZIP

This is a gift in memory of:

This is a gift in honor of:

Please send my acknowledgment to:

Name

Address

City/State

ZIP

## Please accept my donation as a Friend of Hospice of Anchorage

Friends of Hospice Recognition Levels	Amount	
Friends of Hospice <i>Donor</i>	\$25-99	
Friends of Hospice <i>Partner</i>	\$100-249	
Friends of Hospice <i>Guardian</i>	\$250-499	
Friends of Hospice <i>Sponsor</i>	\$500 and up	

Mastercard

Visa

cc#

exp.

American Express

Discover

Signature

Automatically charge my card on the \_\_\_\_\_ day of every month, in the amount of \$ \_\_\_\_\_

### Thank you!

The impact of your gift allows Hospice of Anchorage to continue to provide excellent hospice care with comfort and compassion, offer grief support programs and much needed social services to our community based on need, not the ability to pay.

Please print this form and mail with your donation to:

*Hospice of Anchorage*

500 West international Airport Road, Suite C  
Anchorage, AK 99518-1175

**Our Mission:** To help people meet the transition from life through death and to cope with loss and grief.