



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+4 _____

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 :

Hospice of Anchorage
2612 E Northern Lights Blvd
Anchorage, AK 99508-4119

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