



California Hospice And
Palliative Care Association

Yes, I want to support the work of the California Hospice and Palliative Care Association

I enclose my/our gift of: \$500 \$100 \$50 \$25 Other \$ _____

Cash

Check made payable to the California Hospice and Palliative Care Association

Please charge my credit card a single payment of: \$ _____

Please establish a regular payment on my credit card of \$ _____

per month per quarter other _____

Begin my payments on _____ through _____

Credit Card Information

American Express MasterCard Visa

Card #: _____ Exp. Date: _____ ID# _____

Name as it appears on the credit card: _____

Address: _____

City: _____ State: _____ Zip: _____

This gift is: In Honor Of: In Memory Of: _____

This special person is my/our: parent spouse son daughter brother sister
 friend grandparent other _____

Please notify the following individual (s) of my gift:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Donor Information

Your Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I would like information about how to include the California Hospice and Palliative Care Association in my will or estate plans.