



THIS GIFT IS FROM:

Name _____ Phone _____
(Please print clearly) (Phone # required)

Address _____

City _____ State _____ Zip _____

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

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

VISA MasterCard Discover

Discover, Mastercard, Visa



Card # _____ 3Digit # _____

Exp. Date _____ Signature _____

Thank you for your tax deductible contribution.

This gift is given in memory of in honor of

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

Name _____

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.

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

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