

## Donation Form

Thank you for your generosity that allows us to continue our shared mission.  
For any questions please call the Foundation at (800) 451-6016. Ask for Valerie Guy.

**Please call or use this form to donate. Thank you!**

### Donation Information

Amount: \$

### Additional Information

Type of gift :

One-time gift

☐

Recurring gift

☐

Recurring gift

☐

Weekly :

Weekly

☐

Monthly

☐

Quarterly

☐

Annually

☐

On :

Sunday

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐

Date :

Starting

Ending

Corporate :

☐

This donation is on behalf of a company

Anonymous :

☐

I prefer to make this donation anonymously

### Billing Information

Title:

First name:

Last name:

Country:

Address:

City:

State:

ZIP:

Phone:

Email:

### Payment Information

Cardholder's Name:

Credit Card Number:

Card Type:

Visa

☐

American

☐

Express

☐

Discover

☐

MasterCard

☐

Card Expiration:

Card Security Code:

### Tribute Information

In Honor or Memory of:

Type:

in honor of

☐

in memory of

☐

What is your relation-  
ship to the Tribute?

☐

Mail a letter on my behalf - up to two letters per tribute please

**Hospice by the Sea Foundation.**

312 S. Cedros Avenue Ste 250

(858)794-0195 (Main Line) | (800)451-6016 (Toll Free)

[www.hospicebythesea.org](http://www.hospicebythesea.org)