HOSPICE **I** BY THE SEA

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 Kathie Jackson.

Donation	Please Informatio	call oi n	use	this	form	to	donate.	Thank	you!	

Amount:\$

Additional Information

Type of gift :	one-time gift	Recurring gift	Recurring gift		
Weekly:	Weekly Mon	thly Quarterly	Annually		
On:	Sunday Monday	Tuesday Wednes	day 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 Inform	nation			
	Cardholder's Name:			
	Credit Card Number:			
	Card Type:	Visa American Express Discover MasterCard		
	Card Expiration:			
	Card Security Code:			
Tribute Informa	ation			
	h Honor or Memory of:			
	Туре:	h honor of In memory of		
	What is your relation- ship to the Tribute?			
		Mall a letter on my behalf. up to two letters per tribute please		
	Hospice by the Sea Foundation. 777 South Highway 101 Suite 105			
	(858)794-0195 (N	lain Line) I (800)451-6016 (Toll Free) v.hospicebythesea.org		