



# The Heart to Heart Hospice Foundation

## Mail-In Donation Form



Please complete, print and send this form to the Heart to Heart Hospice Foundation. If you would like an acknowledgment of your contribution sent to a family or individual, please include their name and address below.

All donations should be mailed or faxed to:

The Heart to Heart Hospice Foundation  
7240 Chase Oaks Blvd.  
Plano, TX 75025  
Phone: (972)517-6300  
Fax: (972)517-6300

Donor Information

\* Please select how you would like to receive acknowledgment for your donation from the Foundation.

- Mail (tax-deductible receipt)       Email (tax-deductible receipt)       Telephone (do not need a receipt)

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite /Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation Information

\* Please select the type of donation.

- Cash       Check # \_\_\_\_\_       Money Order       Amex       Visa       MC       DC

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID Code: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Donation amount: \$ \_\_\_\_\_

\* Please select one of the following:

- In loving memory of (or)  In honor of:

Name of donation recipient: \_\_\_\_\_

Send acknowledgment of this Donation to:

Name / Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Suite /Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments from Donor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Heart to Heart Hospice Foundation (37-1541320) is qualified under section 501 (c) (3) of the Internal Revenue Code and all charitable donations are tax-deductible to the full extent allowed by law.