



Mail-in Donation Form

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail Address _____

- Please list me as "Anonymous" on published donor lists.
 My employer will match my gift. My matching gift form is enclosed on the way.

Donation Information

I would like to donate \$ _____

My check (payable to Providence Hospice of Seattle Foundation) is enclosed.

Please charge my Visa MasterCard

Card # _____ Exp Date _____

I want my gift to help:

- Wherever the need is greatest
- Stepping Stones (children's hospice & palliative care)
- Safe Crossings (children's grief support)
- Camp Erin—King County
- Transitions
- Volunteer Services
- Grief Support Services
- Patient Special Needs Fund

This gift is in honor or memory of:

Please notify the following individual of my honor/memorial gift:

Name _____

Address _____

Mail this form with payment to: Providence Hospice of Seattle Foundation
2811 S. 102nd Street, Suite 220
Tukwila, WA 98168

Questions: Call (206) 320-7188.