



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 pediatric hospice and palliative care
- Safe Crossings children's grief support
- Camp Erin-King County
- Transitions
- Volunteer services
- Grief support services
- Patient special needs fund
- Massage, music, animal-assisted, and other complementary therapies
- 2010 Hospice Challenge Matching 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
425 Pontius Avenue N, Suite 300
Seattle, WA 98109

Questions: Call (206) 320-7188.