

Joliet Area Community Hospice – A Special Kind of Caring

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\$ _____
Make Enclosed Check Payable to Joliet Area Community Hospice

\$ _____
Credit Card See Below

VISA MASTER CARD DISCOVER

Name on the Credit Card: _____

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3 Digit Verification number on back of Credit Card: _____

Signature: _____

THIS GIFT IS FROM:

Name: _____

Address: _____

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Telephone: _____

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My Company has a Gift Matching Program: Company Name: _____

Joliet Hospice is a 501 (c)(3) Not-For-Profit Organization

Thank you for your tax-deductible contribution. Your contribution will assist Joliet Area Community Hospice in providing Hospice care to our community.

**Mail Donation to: Joliet Area Community Hospice
250 Water Stone Circle, Joliet, IL 60431**

THIS GIFT GIVEN:

in memory of: in honor of: in celebration of birthday, anniversaries:

Please notify the following person(s) of my gift (without specifying amount):

Name: _____

Address: _____

City, State, Zip: _____

Notify the family of this gift.

Do not notify the family of this gift.

I Do Not want to Receive Future Mail (Mailing List for Joliet Area Community Hospice)

I Do Not want my name to appear in any Joliet Area Community Hospice Publication.

A staff member from the Development Office is available to answer any of your questions regarding opportunities for giving. Call the Joliet Area Community Hospice Office at (815) 740-4104.