



## Gift form

Donate online at [www.heritagehospice.com](http://www.heritagehospice.com)

When complete, please mail to: Heritage Hospice, Inc., P.O. Box 1213, Danville, KY. 40423.  
If you have any questions, please call (859) 236-2425 or (800) 203-6633 (in state).

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of gift: \_\_\_\_\_

\_\_\_\_\_ A check is enclosed. Please **DO NOT** mail cash. Make check payable to: Heritage Hospice

\_\_\_\_\_ Please use my credit card:  Visa  MasterCard Three-digit pin number on back \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This gift is:  In Memory of: \_\_\_\_\_

Name of deceased

This gift is:  In Honor of: \_\_\_\_\_

Name of living individual

How would you like to be recognized: (i.e. The Smith Family, Mr. and Mrs. Smith, etc.)

\_\_\_\_\_

Please acknowledge/notify the following person about this gift.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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