



## Make a Contribution -- Donor Information

### Donor Name

\_\_\_\_\_  
Prefix      First Name      M.I.      Last Name

### Mailing Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email address      Telephone

## Billing Information

### Billing Name (as shown on credit card)

\_\_\_\_\_  
First Name      M.I.      Last Name

### Billing Address (If different than the Mailing Address above)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Country

## Donation & Payment Information

**Amount of Gift**     \$50     \$100     \$250     \$500     \$1,000    Other \$ \_\_\_\_\_

**Credit Card Type:**     Visa     MasterCard     Discover     American Express

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Card Verification** \_\_\_\_\_

**Company Name, if this is a corporate credit card** \_\_\_\_\_

**Type of Gift**     **One-time gift**     **Monthly gift** (If monthly, please download our ACH form, follow instructions and return it with this form to: Pikes Peak Hospice Foundation  
2550 Tenderfoot Hill Street, Colorado Springs, CO 80906)

**Is This Gift in Memory or Honor of Someone?**

\_\_\_ Yes, In Memory \_\_\_\_\_  
Name of Memoriallee

\_\_\_ Yes, In Honor \_\_\_\_\_  
Name of Memoriallee

**Memorial gifts of \$1,000 or more qualify your loved one’s name to be honored at a Pikes Peak Hospice Foundation Memorial Reception.**

**Please notify the following individual/family of my memorial or honorary gift:**

\_\_\_\_\_  
Name(s):

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

**Please notify the individual/family named above that the gift is from:**

\_\_\_\_\_  
Name(s):

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

**Donors with cumulative giving of \$250 or more annually are listed in the Pikes Peak Hospice & Palliative Care Annual Report.**

Please list my name as: \_\_\_\_\_

**Donation Options**

- \_\_\_ I wish *this* gift to remain anonymous.
- \_\_\_ I wish *all* my gifts to remain anonymous.
- \_\_\_ I have included PPHPC in my Will or Trust.
- \_\_\_ I would like more information on volunteer opportunities.
- \_\_\_ Please do not include me on your mailing list. *Name(s) and address to remove:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Pikes Peak Hospice Foundation does not rent or sell its donor lists.*

## Matching Gift Program

**Please check with your employer to find out if they offer a matching gift program. These programs multiply the impact of your contribution.**

\_\_\_ My employer has a matching gift program. I will obtain a matching gift form and send it to:

Pikes Peak Hospice Foundation  
2550 Tenderfoot Hill Street  
Colorado Springs, CO 80906

## Use My Gift

- Where Needed Most - *helps fund the cost of patient care and other services, over and above what is typically paid for.*
- Endowment Fund - *helps to ensure quality end-of-life care to patients and families in the future.*
- Please contact me regarding my donation designation.

**Notes/special instructions:**

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**If you have any questions, please call Pikes Peak Hospice Foundation at (719) 633-3400.**

Please mail this form to: **Pikes Peak Hospice Foundation**  
2550 Tenderfoot Hill Street  
Colorado Springs, CO 80906