



**Yes, I want to support the mission of Partners Hospice to provide high-quality hospice services.**

Please provide us with the following information so we may accurately acknowledge your gift.

Donor's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would like to receive e-mail updates from Partners Home Care.

**GIFT INFORMATION**

I would like to make a onetime gift of: \$ \_\_\_\_\_

I would like to make a monthly gift of: \$ \_\_\_\_\_ for the next  
\_\_\_\_\_ 12 months \_\_\_\_\_ 6 months \_\_\_\_\_ 3 months or \_\_\_\_\_ other

Please check below to let us know how you wish your donation to be used:

- Partners Hospice Annual Fund
- Medical Equipment
- Glass Education Fund
- Free Care
- Melnick Fund for Volunteer Services

**PAYMENT INFORMATION**

Check enclosed, *made payable to Partners Hospice*

Charge my credit card:  VISA  Master Card  Am Ex  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**GIFT AS A TRIBUTE**

My gift is given in memory of: \_\_\_\_\_

My gift is given in honor of: \_\_\_\_\_

**Please notify the following individual/family of my tribute:**

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

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

City/State/Zip: \_\_\_\_\_

**Double your gift to Partners Hospice!**

Check with your Human Resources Department to see if your company has a matching gifts program.  
If they do, request a matching gifts form, fill it out and enclose it with your donation.

**Mail with payment to: Partners Hospice, Development Department, 281 Winter Street, Suite 200, Waltham, MA 02451.** For more information about giving opportunities, contact the Development Office at (781) 290-4072.