



Donation Form

Please print this form, fill it out, and mail it with your donation to:

**Coastal Family Hospice Volunteers
PO Box 122
Rockport, ME 04856**

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____

I want to support the work of Coastal Family Hospice Volunteers with a gift of \$_____.

(Optional information)

This gift is _____ in memory of _____ in honor of:

(Name) _____

Acknowledgement of this gift should be sent to:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Please make your check payable to Coastal Family Hospice Volunteers. We are a 501(c)(3) tax-exempt corporation. Your donation is tax-deductible.

Thank you for your support.