



## Donation Form to Assist with Hospice Ministries

Please print this form and send it in an envelope with your check to:

Hospice St. Joseph  
Office of Haitian Ministries  
1595 Norwich-New London Turnpike  
Uncasville, CT 06382

*Here is my contribution to HOSPICE ST. JOSEPH:*

\$500  \$250  \$150  \$50  \$25  \$ \_\_\_\_\_

*I would like my contribution used toward:*

Area of greatest need  Food program  Ann Weller Fund (health care)

*I wish to provide a scholarship to make it possible for a/several child/children to attend school. This payment will cover one year of schooling.*

Elementary \$325 per student  High School \$475 per student

*I will make payments:*  Annually  Quarterly  Monthly (10)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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

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

Address (for acknowledgement): \_\_\_\_\_

Make checks payable to **Hospice St. Joseph.**

*Your gift is tax-deductible to the extent provided by law. Ask your employer about matching your gift.*