



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
199 Broadway
Norwich, CT 06360

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.