

Madrone Hospice Donation Form

Print & Mail to: Madrone Hospice, Inc., 255 Collier Circle, Yreka, CA 96097

Donor Name:	
Address:	
City:	
Phone:	
Donation Amount:	\$ <input type="checkbox"/> Check Enclosed
Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Number: _____ Exp Date: _____
Name on Card:	
Signature:	
In memory of:	
Send acknowledgement to:	
Address:	
City:	

Please check any preferences

- I would like my gift to go to the Hospice In-House Care Fund

Commemorative Opportunities

I would like a leaf placed on the Madrone Tree Sculpture

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> Tin Leaf | \$ 200 |
| <input type="checkbox"/> Copper Leaf | \$ 500 |
| <input type="checkbox"/> Gold Leaf | \$1,000 |
- I would like information regarding the Memorial & Recognition Wall
(\$5,000 minimum donation to Sustaining Fund)

Planned Giving

- Please contact me regarding Planned Giving

<http://www.madronehospice.org>