



Your donation will be considered a general donation/memorial and will help offset the cost of providing end-of-life care to uninsured and underinsured patients. These checks should be payable to "Hospice of Rockingham County."

Check here if you do not want us to publish your name in our newsletter.

Donor Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

If your donation is in honor or memory of someone, please **print** the requested notification information:

This gift is in memory of: _____

This gift is in honor of: _____

Send gift notification to: Name _____

Mailing Address _____

City _____ State _____ Zip _____

Gifts to Hospice of Rockingham County are tax deductible.

Credit Card Donation Information:

MasterCard or Visa (circle one) Account Number _____

Expiration Date: _____ Amount of Donation \$ _____

Authorized Signature: _____

Please mail this form with your donation to HRC at PO Box 281, Wentworth, NC 27375

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