



# Hospice of the Rock River Valley

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815-288-3673 \* Fax 815-288-1181  
www.hospicerockriver.org

**I want to help Hospice of the Rock River Valley care for terminally ill patients and their families.**

Name or Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

General Donation

**Please circle one:**      Check                  Credit Card                  **Amount:** \$ \_\_\_\_\_

**If paying by credit card the following information is required for processing:**

Type of Card (circle one):                  Discover                  Visa                  MasterCard

Name on Card (Please Print): \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-Digit Verification # \_\_\_\_\_ on back of card

Signature \_\_\_\_\_

**OPTIONAL:**

Please send an acknowledgement of my gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

We like to thank our supporters publicly. Please let us know if it is acceptable: (mark one)

\_\_\_\_\_ To include your name in the HRRV newsletter.

\_\_\_\_\_ I would prefer to remain unlisted.

**All gifts to Hospice of the Rock River Valley are tax deductible.**

*Give Hope. Give Hospice.*

