



Gift Form

Thank you for helping provide extraordinary end-of-life and palliative care to West Michigan.

Please return completed form to Hospice of Holland, 270 Hoover Blvd, Holland, MI 49423

Donor Information

Name (please print) _____

Address _____

City, State, Zip _____

Phone () _____ Email _____

Gift Information

Enclosed is my gift of \$_____ (make checks payable to Hospice of Holland)

Please charge my credit card for \$_____

Visa MasterCard Discover American Express

Credit card number _____ Expiration Date _____

Make this a monthly (recurring) gift

Memorial & Tribute Information

In memory of: _____

In honor of: _____

Please notify the following person about this gift:

Name _____

Address _____

City, State, Zip _____

My company has a matching gift program (form is enclosed).

I have remembered Hospice of Holland in my will or trust.

Please send information on how to include Hospice of Holland in my will or trust.

If you have any questions please contact Mark Lazarock at (616) 396-2972, or
mlazarock@hollandhospice.org

Names of individuals remembered or honored will be displayed at hollandhospice.org.
Hospice of Holland is a 501 (c)(3) non-profit organization.