Hinds Hospice
Honoring the Journey

Thank you, for your generosity.

Your tax-deductible contribution will assist Hinds Hospice in continuing our mission "to uphold the dignity and ease the suffering of the terminally ill while supporting their loved ones, and those who are grieving."

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This donation is :

□ In honor of □ In memory of

Name: _____
(Please print clearly)

Please notify the following of the donation (amount will not be disclosed):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please designate my donation to the following program(s):

□ Hospice Care Services
- □Fresno
- □ Madera
- □ Merced
- □ Hinds Hospice Home

□ Center for Grief & Loss/ Bereavement Services
- □ Angel Babies/Bebitos Angelitos
- □ Fresno/Madera
- □ Merced

□ Other _____ (please specify)

● Please charge my donation to my:

□ VISA □ Mastercard Credit Card # _____-_____-_____-_____ Exp. ____/____

Amount $_____Signature_____

□ Please send me information on *Leaving Your Legacy*, the planned giving program of Hinds Hospice.

□ Please send me information on volunteer opportunities.

Please mail this completed form along with your contribution to:

Hinds Hospice
1616 W. Shaw Ave, Ste. A-5
Fresno, CA 93711

Please know your donation will go toward the program or community you checked above. For any questions regarding your donation, please call the Hinds Hospice Fund Development office at (559) 320-0308.