



Contribution Form

Yes! I want to help the **Foundation's** activities of research and education with my charitable financial contribution as indicated below. **I understand this contribution is tax deductible and I will receive a receipt indicating my individual or corporate donation.**

- | | |
|---|--|
| <input type="checkbox"/> Platinum (\$500 or more per year) | <input type="checkbox"/> Sustaining (\$50 or more per year) |
| <input type="checkbox"/> Gold (\$250 or more per year) | <input type="checkbox"/> Contributing (\$25 or more per year) |
| <input type="checkbox"/> Silver (\$100 or more per year) | <input type="checkbox"/> Supporting (\$10 or more per year) |

Choose one payment method:

Check: I enclose my personal or company check for \$_____ payable to **The Hospice & Home Care Foundation of North Carolina.**

Charge: Bill \$_____ to my MasterCard Visa American Express Discover

Name (as it appears on card): _____

Billing Address for Card: _____

Account Number: _____ Expiration Date: _____

Security Code: _____ Signature: _____

Information: Name: _____

Company (if, corporate donation): _____

Company Tax ID Number (if, corporate donation): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (w): _____ Phone (h): _____

Fax: _____ E.mail: _____

This contribution is in honor of (optional): _____

This contribution is in memory of (optional): _____

If your donation is in honor, or in memory of someone special, we will be glad to send an acknowledgement to anyone of your choosing. Please provide a full name and mailing address below.

Mail to: **The Hospice & Home Care Foundation of North Carolina**
3101 Industrial Drive, Suite 204 • Raleigh • North Carolina • 27609 • Phone: (919) 848-3450
Or FAX this completed form, along with credit card information, to the **Foundation** at (919) 848-2355