

Donation Form - Print, Fill Out, and Mail

Please complete form, print and mail to the address below along with a check or money order.

Resource Development Department
Our Hospice of South Central Indiana, Inc.
2626 E 17th Street
Columbus, IN 47201-5417

DONOR INFORMATION:

Individual or Organization

First Name: _____

Middle Name: _____

Last Name: _____

Organization Name: _____

Spouse/Partner's Full Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Zip: _____

Country: _____

Phone: (____) _____

Email address: _____

GIFT INFORMATION:

Amount: _____

Gift designated for:

- Where Most Needed
- Hospice Center
- Bereavement Programs
- Palliative Care
- Other _____

This gift is in memory of: _____

This gift is in honor of: _____

For the occasion of: _____

(Examples: anniversaries, birthdays, weddings, retirements, Father's or Mother's Day, Christmas, etc.)

FOR MEMORIAL GIFTS AND HONORARIUMS, SEND NOTIFICATION TO:

First Name: _____

Last Name: _____

Address1: _____

Address2: _____

City: _____

State: _____

Zip: _____

Recipient's Relationship to deceased: _____

Additional Donor Names:

Recognition of gift: All contributions to Hospice are tax deductible to the extent allowed by law. A thank you/receipt letter will be sent to donors. Notification will be sent to other individuals as requested (the amount will not be specified).

If you have questions regarding a memorial or honorarium donation, please contact the Our Hospice Resource Development Office at 812.314.8097 or 1.800.841.4938 Ext. 8097, or by email at efischer@crh.org for assistance.