

Hospice Partners

OF THE CENTRAL COAST

I want to help Hospice Partners of the Central Coast continue its mission of providing professional hospice care to all individuals who need and desire their service, regardless of ability to pay.

Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my tax-deductible contribution of:

- \$1,000. or more \$100. \$25.
 \$500. \$50. Other: _____

In memory of **In honor of** _____

Please charge my:

Visa MC # _____

Expiration Date: _____ 3 digit V-Code on back of card _____

Signature authorizing charge: _____

Please make checks payable to: Hospice Partners of the Central Coast

Send acknowledgement to: _____

Mailing address: _____

City/State/Zip: _____

We gratefully appreciate every donation.

Thank You

Hospice Partners of the Central Coast

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San Luis Obispo, CA 93401

805-782-8608

A not-for-profit, tax-exempt organization

Federal Tax ID # 770475425