



# Northland Hospice & Palliative Care Donation Form

## 1. Donor information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Donation amount and payment information

I would like to donate \$ \_\_\_\_\_ to Northland Hospice.

My check, made payable to Northland Hospice, is enclosed.

OR Please bill my  Visa  MC

Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## 3. Type of Donation - Please select one

Memorial Donation

In Memory of \_\_\_\_\_

OR In honor of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Circle of Caring Monthly Giving Program

Please charge my credit card on the 15th of each month

Please send monthly reminders by:  mail  email

\$10 per month (\$120 annually)

\$25 per month (\$300 annually)

\$50 per month (\$600 annually)

\$85 per month (\$1,020 annually)

other amount (\$5 minimum) \_\_\_\_\_

General Donation

Please use my donation in the following area: \_\_\_\_\_

**Please return form and donation to:**

Northland Hospice & Palliative Care

PO Box 997, Flagstaff, AZ 86002

or Fax: (928) 779-5884

***Thank you for supporting Northland Hospice,  
Flagstaff & Northern Arizona's community non-profit hospice.***