YOUR CONTRIBUTION

will make a difference in someone's life.

I make this gift of \$	to Hospice Angels Foundation.
hospice patients and famil	le donation to Hospice Angels Foundation, you not only ensure ies are connected to the resources they need, you're also paying one special to you. Every donation, no matter the size, is treated respect.
Check # payal	ole to Hospice Angels Foundation.
Please tell us which Compass	sus location cared for your loved one?
YOUR INFORMATION	
Name	
Address	
City/State/ZIP	
Phone	
Email	
This gift is made in the name of	
Please classify my gift as (select o	ne): in memory in honor contribution
Please notify	that a donation has been made.
Address	
City/State/ZIP	
Phone	
Email	

Hospice Angels Foundation, in affiliation with Compassus Living Foundation, is an independent, 501 (C) (3) non-profit organization.

All donations are tax deductible. The funds received by Hospice Angels Foundation are distributed back into local communities.

YOUR GIFT GIVES COMPASSION TO OTHERS

