



**Catskill Area
HOSPICE
and Palliative Care**

Serving Otsego, Delaware and Schoharie Counties

Gift Processing Information

Donor Information:

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Work / Home (circle one)

E-mail Address: _____

Donation Information:

In Loving Memory of/In Honor Of (circle one): _____

Relationship to Donor: _____

Amount of Donation: \$ _____

Visa/MC Credit Card # _____ Expiration Date _____/_____/_____

Please make checks payable to: CAHPC

Please mail donation to: Catskill Area Hospice & Palliative Care, 1 Birchwood Dr., Oneonta, N.Y. 13820

Please notify the following person of my gift (amount of your gift will not be disclosed)

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your generous contribution