



## DONATION FORM

Please Print Clearly

Please print this form and mail to:  
Haven Hospice Development  
4200 NW 90<sup>th</sup> Blvd.  
Gainesville, FL 32606

**1** Date: \_\_\_\_\_

Donor's Name: \_\_\_\_\_  
Ms./Mrs./Mr./Dr. First Last M.I

For recognition, I (we) should be listed as: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2** **Donation Options, Please Select Option A, B, or C:**

**A.  I would like to make a donation**

Check/Cash/Securities \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**B.  I would like to make a Monthly Donation**

Monthly amount to be charged to credit card  \$15  \$25  \$50  Other \$ \_\_\_\_\_

Please charge my credit card beginning \_\_\_\_/\_\_\_\_ (month/year) on the  1<sup>st</sup> or  15<sup>th</sup> day of each month thereafter

Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**C.  I would like to make a Non-Cash Gift (In-kind, Equipment, Service, etc.) Estimated Value: \$ \_\_\_\_\_**

Description: \_\_\_\_\_

Donor Preference:  Item(s) to be sold  Item (s) to be used by Haven Hospice

Note: Haven Hospice is under no obligation to maintain ownership of a donated item or property in perpetuity. Gifts valued at \$5,000 or more require appraisal, proof of ownership, and acceptance by the Haven Hospice President.

**3** **Program Designated:**

Greatest Needs (Unrestricted): Supports unfunded patient/family care programs and services.

Endowment Fund  Other (please specify) \_\_\_\_\_

**4**  This donation is being made in lieu of flowers

This gift is given  In memory of  In honor of Name: \_\_\_\_\_

Please notify the following person of this gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Honor/Memorial: \_\_\_\_\_