

Donor/Pledge Information

Name(s) _____

For recognition I/we should be listed as:

Address _____

City _____ State _____ Zip _____

Work Phone _____

Home Phone _____

Email _____

Amount of Gift \$ _____

I would like my gift to support:

Patient Care/Community Programs and Services

Endowment Fund

A permanent fund that supports the long-term needs of our patients, their families and our community.

My and/or my spouse's company will be matching this gift.

Company Name _____

I plan to use the following payment method(s) for this gift:

Check Visa MasterCard Discover Amex

Account# _____

Expiration Date _____ Security Code _____

Signature _____

Please make contributions payable to: **Haven Hospice**

and return them to: 4200 NW 90th Blvd.

Gainesville, FL 32606

For more information call the Development Department at 1-800-727-1889.

A copy of the registration and financial information of Haven Hospice, #59-2490893, may be obtained from the Division of Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval or recommendation by the state. Zero percent of contributions donated to Haven Hospice are used to pay professional solicitors.



Memorial Walkway

The Memorial Walkways at our Haven Hospice Care Centers are dedicated to your loved ones.

Family members and friends can honor a special person by placing a brick, an engraved granite marker or a bench along one of our walkways.

Your memorial walkway gift makes a difference in our ability to provide much needed unfunded patient care, community programs and services.



Licensed as your community-based, not-for-profit hospice serving North Florida since 1980.

