

**Your entire contribution will go directly toward patient care.**

My Gift Is In Loving Memory Of (optional) \_\_\_\_\_

Type of Gift:      In Honor of: \_\_\_\_\_

   In Memory of: \_\_\_\_\_

Friends Forever Fund (\$1,000+) \_\_\_\_\_

**Total Amount of Gift \$** \_\_\_\_\_

*Please Print Your:*

*Please notify the following person of this gift:*

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

*All contributions Qualify For A Federal Income Tax Charitable Deduction.  
Please make checks payable to Friends of Lewis County Hospice.*

My employer, \_\_\_\_\_, will match my gift. I will initiate this procedure right away.  
COMPANY

\_\_\_\_\_ Yes, I would like to know more about volunteer opportunities.