

Download, print, and mail this completed form with your donation to:



208 Kidd Drive • Berea, KY 40403

30 Years of Caring

Please make your check payable to Hospice Care Plus (HCP).

Enclosed: \$100 _____ \$75 _____ \$50 _____ \$35 _____ Other _____

Designated Donations

General Fund: _____ Bereavement Care: _____ County: _____

Palliative Care: _____ Compassionate Care Center: _____ Rwanda: _____

Donations not designated will be placed in the General Fund for all programs. This ensures care for patients with no insurance and goes towards all designated funds listed above.

For more information call 1-859-986-1500 or 1-800-806-5492.

Please keep Hospice Care Plus, Inc. in mind as you make your estate plans.

We prefer our name not appear on your donor list We would like to be removed from your mailing list

In Remembrance of: _____

Relationship to Donor: _____

Donated by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Credit Card: _____ Credit Card #: _____ Exp. Date: _____

Please send notification of this gift to: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gifts can be made online at www.hospicecp.org.