



HOUSTON HOSPICE

Life Matters

Print this form to send your gift or to request additional information about Houston Hospice

Your name: _____

Address: _____

City, State and Zip: _____

Phone: _____

Email address: _____

I would prefer my donation receipt be emailed in lieu of postal mail.

How I wish to donate:

Enclosed is my check in the amount of \$_____ payable to Houston Hospice.

Please charge my credit card in the amount of \$_____

American Express

VISA

MasterCard

Discover

Account No: _____ Expiration Date: _____

Signature: _____

I plan to transfer a gift of securities.

I would like to be a monthly donor. Please send me information.

This gift is (check one)

in memory of _____

in honor of _____

on the occasion of _____

other _____

Please notify the following individual or family of my gift (optional):

Name: _____

Address: _____

City, State and Zip: _____

Phone: _____

Specify preference for where gift will be used (optional – if left blank, gift will be used where needed):

I would like information on including Houston Hospice in my estate plans.

I have included Houston Hospice in my estate plan.

Please send me information about Houston Hospice and its services.

Please mail this form along with your check to:

Houston Hospice
1905 Holcombe Blvd
Houston, TX 77030-4123

Phone: (713) 677-7130, Fax: (713) 677-7288

Email: info@houstonhospice.org

Web: www.houstonhospice.org