



## Donation Form

### Donor Information (please print or type)

Name(s) \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Gift Information

Gift Amount \$ \_\_\_\_\_ to be paid  Just once  Monthly  Quarterly  Yearly

I (we) would like information about Estate Planning  YES  NO

I (we) would like to make this contribution in the form of:  Cash  Check  Credit Card

Credit card type | Expiration date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Form enclosed  Form will be forwarded

This gift is:  In Memory of  In Honor of

Please list name(s): \_\_\_\_\_

Please list name(s) and address of those you would like notified of your gift:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Please mail completed form to: **Finance Department**  
**Trellis Supportive Care**  
101 Hospice Lane Winston-Salem, NC 27103