



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

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

Credit card number _____ Exp Date _____

Yes, please charge my credit card an additional 5% to the gift amount listed above in order to cover all processing fees associated to my donation. I understand that 100% of this added charge will be fully tax deductible.

Authorized signature _____ Date _____

Gift will be matched by (company/family/foundation) _____

Form enclosed Form will be forwarded

This gift is: In Memory of In Honor of In Celebration of

Please list name(s)/event:

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: Donation Processing Center
Arbor Hospice
2366 Oak Valley Dr
Ann Arbor, MI 48103

Questions? Call 800-669-9335