

**Hospice Services  
of Lake County**



**Hospice Services of Lake County**  
1717 South Main Street  
Lakeport, California 95453-5668

## Donation Form

This gift is from: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Information

Donation Total \$ \_\_\_\_\_

\_\_\_ My check is enclosed (Please make checks payable to Hospice Services of Lake County)

OR, please charge my \_\_\_ Visa \_\_\_ Mastercard

Card Number: \_\_\_\_\_

Card holder's name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

### The purpose of this donation is:

\_\_\_ In Memory of: \_\_\_\_\_

Family Member to notify: \_\_\_\_\_

Name, Address, City, State, Zip \_\_\_\_\_

\_\_\_ In Honor of: \_\_\_\_\_

Family Member to notify: \_\_\_\_\_

Name, Address, City, State, Zip \_\_\_\_\_

\_\_\_ Bereavement Services (note): \_\_\_\_\_

\_\_\_ Camp Donation

\_\_\_ Brv Program (note): \_\_\_\_\_

\_\_\_ General – Unspecified (note): \_\_\_\_\_

\_\_\_ Event Donation/Tickets:

\_\_\_ Anniversary Event (see attached form)

\_\_\_ Golf Tournament (see attached form)

\_\_\_ Light Up A Life (see attached form)

