



## Donation Form

Complete this form and return with your check or money order. All gifts to Burke Hospice & Palliative Care are tax deductible. **Thank you for supporting our work!**

This gift is from (Name) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount enclosed \_\_\_\_\_

*(Make checks payable to Burke Hospice & Palliative Care)*

This is a *(check one)* ☐ One-Time Gift ☐ Recurring Monthly Donation

*\* If you would like us to send an acknowledgement of your gift to an individual or business, please complete the section below.*

Please send acknowledgement to \_\_\_\_\_

\_\_\_\_\_

*(check one)* ☐ In Memory Of ☐ In Honor of \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_