



Thank you for helping us fulfill the promise of hospice care.

Please accept my gift of: \$1000 \$500 \$300 \$100 \$50 \$_____

I am eligible for a matching gift (Please enclose your matching gift form) I have included Avow Hospice in my will

Honor/Memorial Gifts

My gift is made in: honor memory of: _____

My relationship to the individual being honored/memorialized:

Please send notification of gift to: Mr. & Mrs. Mr. Mrs. Ms.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email _____

Their relationship to the individual being honored/memorialized:

Avow Hospice, Inc. is a charitable organization. A copy of our official registration (#CH-01741) and financial information may be obtained from the division of consumer services by calling toll free 1-800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the state. 100% of all contributions received are retained by Avow Hospice to improve end-of-life care in Collier County.

This gift is from: Mr. & Mrs. Mr. Mrs. Ms. Other _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Email _____

I would like to be acknowledged in Avow Hospice publications as:
_____ or remain anonymous

Payment Information:

My check is enclosed (Make payable to: Avow Hospice)

Please charge my credit card Visa MasterCard
(Visa or MasterCard only)

Card # _____

CSC # _____ (3-digit code on back of card) Exp. Date: ____/____/____

Visit www.avowhospice.org to make your gift on-line.

Seasonal Address: Dates effective _____ Month _____ to _____ Month _____

Address _____

City _____ State _____ Zip _____

Please send me information about:

- Including Avow Hospice in my will
- Charitable Gift Annuities
- Donating gifts of securities, stocks, bonds, etc.

Please return this form to: **Avow Hospice, 1095 Whippoorwill Lane, Naples FL 34105**
If you require assistance or have questions about your donation options, please call (239) 261-4404