



Commemorative Gift Form

Illinois Hospice and Palliative Care Organization

Please use this form to make a gift in Honor of or in Memory of a loved one. The recipient will be notified of your kind gesture and you will receive a tax deduction for the full contribution. We truly appreciate you choosing IL-HPCO for this commemorative gift!

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
E-Mail	

Donation Information

I (we) pledge a total of \$ _____

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

In Honor or Memory of:

Please use the following name(s) in all acknowledgements:

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Recipient Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	

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

Signature(s)
Date

Please make checks, or other gifts payable to IL-HPCO and mail or fax to:

Illinois Hospice and Palliative Organization (Business Office)

7044 S. 13th Street Fax: (414)-768-8001

Oak Creek, WI 53154 E-mail: p.rossmann@il-hpco.org