



# Donation Form

## Illinois Hospice and Palliative Care Organization

Illinois Hospice and Palliative Care Organization (IL-HPCO) is committed to promoting and enhancing end-of-life care in the state of Illinois, through education, advocacy, technical and supportive services. Our mission is to expand access to exceptional hospice and palliative care for patients and families coping with the close of life experience.

### Donor Information (please print or type)

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

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly

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

|                      |  |
|----------------------|--|
| Credit card type     |  |
| Credit card number   |  |
| Expiration date      |  |
| Authorized signature |  |

### Acknowledgement Information

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

|  |
|--|
|  |
|--|

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

|              |
|--------------|
| Signature(s) |
| Date         |

Please make checks, corporate matches, or other gifts payable to:

**Illinois Hospice and Palliative Organization (Business Office)**

**7044 S. 13<sup>th</sup> Street Fax: (414)-768-8001**

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