



Please use this form to make a gift in honor of, or in memory of, a loved one. The family/friend will be notified of your kind gesture and you will receive a tax deduction for the full contribution. Thank you for your kindness.

**COMMEMORATIVE GIFT FORM**

Donor Information (please print)

Name	
Billing Address	
City	
State	
Zip Code	
Telephone	
Email	

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	
Security Code #	
Authorized Signature	

Donation to Honor (name)

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Notification of donation sent to:

Name		
Address		
City		
State		
Zip Code		
Telephone		
Email		

Please make checks, or other gifts payable to IL-HPCO and mail or fax to 847 556 0352  
 Illinois Hospice and Palliative Care Organization (business office)  
 902 Ash Street, Suite 200  
 Winnetka, IL 60093