



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

**DONOR INFORMATION**

Donor Information (please print)

Name	
Billing Address	
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**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	
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**ACKNOWLEDGEMENT INFORMATION**

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

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I(we) wish to have our gift remain anonymous:

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

***Please make checks, or other gifts payable to IL-HPCO and mail to Illinois Hospice and Palliative Care Organization (Business Office) c/o IL-HPCO Executive Director 18W140 Butterfield Road – Suite 1120 Oakbrook Terrace, IL 60181-4848***