



## Contribution Form

Yes! I want to help the **Foundation's** activities of research and education with my charitable financial contribution as indicated below. **I understand this contribution is tax deductible and I will receive a receipt indicating my individual or corporate donation.**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Platinum</b> (\$500 or more per year) | <input type="checkbox"/> <b>Sustaining</b> (\$50 or more per year)   |
| <input type="checkbox"/> <b>Gold</b> (\$250 or more per year)     | <input type="checkbox"/> <b>Contributing</b> (\$25 or more per year) |
| <input type="checkbox"/> <b>Silver</b> (\$100 or more per year)   | <input type="checkbox"/> <b>Supporting</b> (\$10 or more per year)   |

Choose one payment method:

Check: I enclose my personal or company check for \$\_\_\_\_\_ payable to **The Carolinas Foundation for Hospice & Home Care**

Charge: Bill \$\_\_\_\_\_ to my  MasterCard  Visa  American Express  Discover

Name (as it appears on card): \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Information: Name: \_\_\_\_\_

Company (if, corporate donation): \_\_\_\_\_

Company Tax ID Number (if, corporate donation): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (w): \_\_\_\_\_ Phone (h): \_\_\_\_\_

Fax: \_\_\_\_\_ E.mail: \_\_\_\_\_

This contribution is in honor of (optional): \_\_\_\_\_

This contribution is in memory of (optional): \_\_\_\_\_

If your donation is in honor, or in memory of someone special, we will be glad to send an acknowledgement to anyone of your choosing. Please provide a full name and mailing address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: The Carolinas Foundation for Hospice & Home Care 3101 Industrial Drive, Suite 204 • Raleigh • North Carolina • 27609 • Phone: (919) 848-3450 Or FAX this completed form, along with credit card information, to the *Foundation* at (919) 848-2355