



Donation Form

Please Print Clearly

Please print this form
and mail to:

Haven Hospice
Att: Development
4200 NW 90th Blvd.
Gainesville, FL 32606

Date: ____/____/____

Donor's Name: _____
Ms./Mrs./Mr./Dr. First M.I Last

For recognition, I (we) should be listed as: _____

Email Address: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Donation Options, Please Select Option A or B:

A. I would like to make a One-Time Donation

Check Enclosed _____# Credit Card Amount to be Charged \$ _____

Visa MasterCard Discover Card #: _____ Exp. Date: _____

Name on Card: _____

B. I would like to make a Monthly Donation

Monthly amount to be charged to credit card \$15 \$25 \$50 Other \$ _____

Please charge my credit card **beginning** ____/____ (month / year) on the 1st or 15th (day) of each month thereafter.

Visa MasterCard Discover Card #: _____ Exp. Date: _____

Name on Card: _____

Program Designated:

Greatest Needs (Unrestricted) – Supports: Patient/Family Care; Transitions and Community Outreach which supports people facing serious illness via community resources and phone support; Massage Therapy program for our patients; and the Healing Hearts bereavement program, which includes Camp Safe Haven, a camp designed for youth and teens who have experienced the loss of a loved one.

Endowment Fund

This donation is being given in lieu of flowers.

This gift is given: In memory of In honor of Name: _____

Please notify the following person of this gift:

Name: _____
Ms./Mrs./Mr./Dr. First M.I Last

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Honor/Memorial: _____

Haven Hospice gratefully thanks you for your kindness and compassion. A copy of the registration and financial information of Haven Hospice, #59-2490893, may be obtained from the Division of Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval, or recommendation by the state. Zero percent of contributions donated are used to pay personal solicitors. **Sales Tax Exemption Number 11-06-024583-64c**

Serving North Florida since 1979. Licensed as a not-for-profit hospice since 1980.

Rev. 06/2008
Appeal: WEB