



## The Connecticut Hospice, Inc. Donation by Mail Form

Please fill out the form and mail it along with your donation.

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

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

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

### Gift Information

What amount would you like to donate? \$ \_\_\_\_\_ .00

Please make checks payable to: The Connecticut Hospice, Inc. and mail with this form.

What is the purpose of this gift?

Appeal Gift

Memorial Gift

Would you like to dedicate this gift to an individual?

In Honor Of: \_\_\_\_\_

In Memory Of: \_\_\_\_\_

Would you like to include a note?

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

Would you like us to notify anyone of this gift? If so, how can we reach them?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

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

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

For any questions, please contact Linda Laucelle at (203) 315.7684.

**Mail donations to:  
The Connecticut Hospice, Inc.  
100 Double Beach Rd.  
Branford CT, 06405**