



**REMEMBERING or HONORING
a Loved One Or Colleague**

*Thank you for your generosity. Your contribution will assist Hospice of San Joaquin
in providing patient care for hundreds of terminally ill patients in greater San Joaquin County.*

MEMORIAL/TRIBUTE (optional)

IN MEMORY OF _____

IN HONOR OF _____

Please send notification (optional) of this gift to:

Name (Please Print) : _____ **Relationship:** _____

Address: _____ **City/State/Zip** _____

DONOR NAME (Please Print) : _____

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Phone: _____ **E-mail** _____

Please note my new address

MY GIFT TO HOSPICE OF SAN JOAQUIN \$ _____

Enclosed is my check, made payable to *Hospice of San Joaquin*

Please charge my donation to Mastercard Visa AmEx Discover

Credit Card # _____ **Exp. Date** _____

Signature _____ **Date** _____

MATCHING GIFTS: If your company has a Matching Gift program, please request a matching gift form from your employer, and send it completed and signed with your gift. Many employers sponsor matching gift programs and will match charitable contributions made by their employees. We will do the rest. Your gift to Hospice of San Joaquin may be doubled or possibly tripled! Some companies also match gifts made by retirees and/or spouses. Thank you for taking this extra step.

Please send me information on wills, trusts and estate planning.

Please send me information on volunteer opportunities.

THANK YOU!

Mail to: Hospice of San Joaquin, 3888 Pacific Avenue, Stockton, CA 95204 OR Return by Fax to: 209-922-0294