

## Contributions

Hospice of San Joaquin welcomes individual and corporate contributions which traditionally provide the grass-roots support that make possible the delivery of hospice services to every corner of San Joaquin County and beyond. You may print and mail this form

**DONOR or COMPANY NAME** (Please Print): \_\_\_\_\_

As you wish to be listed in the Honor Roll of Annual Members

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

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

I/We are pleased go donate \$ \_\_\_\_\_ to Hospice of San Joaquin to be applied to  
\_\_\_ The Greatest Need \_\_\_ Patient Care \_\_\_ Bereavement Programs \_\_\_ Hospice House Support

Giving may be made over time, the total gift divided into payments if you wish.

Installments (first payment enclosed)

\_\_\_ monthly \_\_\_ quarterly \_\_\_ semi-annually \_\_\_ annually (1,2, or 3 years)

Check enclosed *or*

Please charge my donation to  Mastercard  Visa  AmEx  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please send me information on volunteer opportunities.

MEMORIAL/TRIBUTE (optional)

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

Please send notification of this memorial/tribute gift to:

Name (**Please Print**) : \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

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

Gifts Payable to: **Hospice of San Joaquin**

**3888 Pacific Avenue**

**Stockton, CA 95204**

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## Matching Gifts

Many employers sponsor matching gift programs and will match charitable contributions made by their employees. (Be sure your name is on the Employer Form.) Your gift to Hospice of San Joaquin may be doubled or possibly tripled! Some companies also match gifts made by retirees and/or spouses.

If eligible, request from your company a matching gift form from your employer, and send it completed and signed with your gift (see address above) **OR** make an online donation and send us your company information.

Or contact us by e-mail: [donation@hospicesj.org](mailto:donation@hospicesj.org) (Do not e-mail your credit card information, use the secure online link: [Access our online donation form](#))