PO Box 838
Prince Frederick, MD 20678
410-535-0892
www.calverthospice.org

DONATION FORM

Please mail this form with check (if applicable) to address on left

Title_____ First Name_____ Last Name_____

Address _____ City_____

State_____ Zip_____ Phone #_____ Email_____

I would like to donate the following amount $_____ Check one: Monthly Donation Single Donation

☐ General Donation ☐ Bereavement Services Donation

☐ In Honor of _____ _____ _____
Title First Name Last Name

☐ In Memory of _____ _____ _____
Title First Name Last Name

I would like an acknowledgement mailed to:

Title_____ First Name_____ Last Name_____

Address _____

City_____ State_____ Zip_____

☐ Donating by Check
(Please make check payable to Calvert Hospice and include phone # and driver's license #)

☐ Donating by Credit Card
(We accept Visa, MasterCard, Discover)

Card #_____ Expiration_____ CSC #_____
3 or 4 digit # on back of credit card

☐ I am interested in becoming a volunteer

☐ I am interested in learning about planned giving

☐ I would like someone to call me in reference to_____

Thank you for thinking of Calvert Hospice. Your donation truly makes a difference to those in Calvert County living with a life-limiting illness and their families as well as those grieving the death of someone close.