

Hospice & Community Care Donation Form

Please print out and include with your donation.

Hospice & Community Care
PO Box 993
Rock Hill, SC 29731

Enclosed is my tax deductible donation in the amount of \$ _____.

Dr./Mr./Mrs./Ms.

Mailing Address:

City _____ State _____ Zip _____

Email Address _____

Phone _____

This contribution is in memory of _____

in honor of _____

Send acknowledgement of this memorial or honorarium to:

Hospice & Community Care does not sell or give donors' information to anyone. Contact information is used to provide a donation receipt for tax purposes and contact purposes, only. If you have any questions, please call our office at 803-329-1500. Our Federal Tax Id is 57-0761549. Your gift will be used to support underinsured Hospice & Community Care patients in our community.



Hospice & Community Care

2275 India Hook Road

PO Box 993

Rock Hill, SC 29731

803-329-1500

HospiceCommunityCare.org