

For more than 25 years we have never denied anyone hospice care based on their ability to pay, and we never want to.

It takes time, donations and a team of compassionate individuals to provide this special kind of care.

With your gift, you can ensure that care and support will be available for all Kitsap County residents when they need it.

Thank You!

PLEASE PRINT

If this is a tribute gift, please check one of the following boxes:

- In Memory Happy Birthday In Honor of a Wedding Anniversary
 Other occasion - specify: _____

PLEASE PRINT name of person to be remembered or honored:

**Please send
notice of
my gift to:**

Name

Street

City/ State/ Zip

Please sign my name on the acknowledgment this way:

- Enclosed is my check payable to Hospice of Kitsap County, or charge my: VISA Mastercard
Account # _____ Exp. Date _____

Amount
\$

*Amount of
gift will not
be disclosed*

Contributor's Name Phone #

Address

City/ State/ Zip

email address

- I have already included Hospice of Kitsap County in my estate plans.
 Please send me information on how I can include Hospice of Kitsap County in my estate plans.

If your employer has a matching gifts program, please enclose your application. Hospice of Kitsap County is a nonprofit 501(c)3. Our tax ID#91-1089902. We won't trade, sell, or give your information out.