



Your name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

I would prefer my donation receipt be emailed in lieu of postal mail.

**How I wish to donate:**

Enclosed is my check in the amount of \$\_\_\_\_\_ payable to Hospice in the Pines.

Please charge my credit card in the amount of \$\_\_\_\_\_

American Express  VISA  MasterCard  Discover

Account No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I plan to transfer a gift of securities.

I would like to be a monthly donor. Please send me information.

**This gift is: (check one)**

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

On the occasion of \_\_\_\_\_

Other \_\_\_\_\_

**Please notify the following individual or family of my gift:**

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**To mail this form with a check:** Hospice in the Pines, 1504 West Frank Ave,  
Lufkin, TX 75904 **To fax this form:** (936) 632-1582