

Yes! I would like to support
GEORGIA MOUNTAINS HOSPICE



☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mr. and Mrs.

Your Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Enclosed is my tax-deductible donation in the amount of:

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other Amount: \$_____

☐ My Check is enclosed

☐ Please charge my credit card. **Name on card:** _____

Card # _____ **Expiration Date:** _____ **CVC Code:** _____

Card Holder Signature: _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

This gift made in memory/honor of: Mr. Neil Holloway

Please send an acknowledgement of this gift to:

Address: _____ City: _____ State: _____ Zip: _____

GEORGIA MOUNTAINS HOSPICE relies on the generosity of our donors. We are a non-profit organization providing compassionate care to patients and their loved ones, before, during and after the end of life.

GEORGIA MOUNTAINS HOSPICE • 70 Caring Way • P.O. Box 580 • Jasper, GA 30143
Phone: 706-253-4100 • Fax: 706-253-4101
www.georgiamountainshospice.org Email: gmh@ellijay.com

Georgia Mountains Hospice, Inc. is a 501(c)3 agency, therefore your donation is tax deductible.