



Donor's Name(s) _____

Address _____

Preferred Phone Number _____

Email address _____

I/We make a gift of \$_____ to Smith Phayer Hospice House.

Signature(s) of Donor(s) Date

Please list my/our name(s) for public recognition as follows:

I/We wish to remain anonymous

Gifts in honor or memory of someone are always welcome:

In honor of _____

In memory of _____

We will be happy to notify the following person of your honorary or memorial gift:

Name _____

Address _____

Method of Payment

Please make checks payable to: Hospice of the Carolina Foothills, and in the memo line, mark it "Hospice House". You may print and mail this form with your donation to: *Hospice of the Carolina Foothills, 130 Forest Glen Drive, Columbus, NC 28722.*

If you would like more information on planned giving, contributing to an endowment or making a stock donation, please contact:
Diane Nelson, Manager of Development at 828.894.7000.

Thank you! Your gift is tax deductible.

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branches at 888-830-4989 (NC) and 803-734-1790 (SC). The license is not an endorsement by the State.

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