

Mailing Address:
P.O. Box 4804
Wichita Falls, TX 76308



**HOSPICE of
WICHITA FALLS®**

Street Address:
4909 Johnson Road
Wichita Falls, TX 76310

Mail-In Donation

Along with your donation, please be sure to include the name(s) and address of the individual, business or civic group making the donation, in order that we may properly acknowledge your gift.

Please be sure to note the name of the individual being remembered or honored. Also, please provide us with the complete name and address of the person who should be notified of your donation.

Amount of Donation: ☐ \$1,000.00 ☐ \$500.00 ☐ \$150.00 ☐ \$50.00 ☐ Other _____

This gift is from: ☐ Individual ☐ Corporation

Title ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mr. & Mrs. ☐ Miss ☐ Dr. ☐ Other _____

Name: First _____ Last _____

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This gift is in memory of: _____

Please notify: Name _____

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This gift is in honor of a special person

Name of honoree _____

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Reason for honor: ☐ Birthday ☐ Wedding ☐ Anniversary ☐ Tree of Lights ☐ Other

Personal Comments: _____

Mail to: