es, I want to support Harry Hynes Memorial F	Hospice. Enclosed in my t	ax deductible gift of:	<b>6</b>
\$1,000 \$600 \$250 \$100	\$75 Other \$		
Enclosed is my check made payable to Harry Hynes Memorial Hospice			HARRY HYNES Memorial Hospice
Enroll me as a <b>Sustaining Donor</b> (monthly gift- details on front) using my credit card information			One Mission. Compassionate Hospice Care.
I prefer to use my credit card for a one-ti	me donation		
Name			
Address	City	State	Zip
Phone	Email		
Card #		Exp. Date	CVV
My donation is in Honor of Memory of	of (Name):		

You can also make your tax deductible gift online at hynesmemorial.org/donate.



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Compassionate Hospice Care.



## Become A Sustaining Donor

To make a continuous impact for those in need of hospice care, I'd like to become a **Sustaining Donor** by making a donation of the same amount every month. I can cancel at any time.

In honor of our 40th anniversary, sustaining donors, who give a gift of \$40 or more monthly, will receive our commemorative, pewter cardinal ornament as shown in the picture below.

Please charge my card with the following amount every month:

\$200 \$100 \$40 \$25 \$ Other \$

\$250 \$100 \$40 \$25 \$300 \$410 \$40			
Please fill out your card information on the back and return in the envelope provided. You can also donate online at hynesmemorial.org/donate.			
Thank you for your support of Harry Hynes Memorial Hospice!			
In addition to my gift, please contact me with more information about:			
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