

Thank you for your contributing to support programs at Lovejoy Hospice. Please complete the following donation form. Print a copy of the form below and mail your form and donation to:

**Lovejoy Hospice
939 SE 8th Street
Grants Pass, Oregon 97526**

Lovejoy Hospice Donation Form	
Donor Name:	
Address:	
City:	
State:	
Zip Code:	
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Contact Phone	
Email:	
Amount:	
This gift is in memory of the person below:	
Person's Name:	
Notify Family of Gift:	Yes No
Person to Notify:	
Notification Address:	
Notification City:	
Notification Zip Code:	
Notification Country:	
Are you interested in <i>Planned Giving</i> information?	Yes No