



## Benevolence Program Gift Form

### Your Gift Will Make A Difference

Thank you for choosing to support the Benevolence Program at Hospice of Washington County, Inc. Thanks to the generosity of our community, we are able to go above and beyond our mission to support our patients and their families.

As always, your gift is tax-deductible.

#### CONTACT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### BENEVOLENCE PROGRAM YOU WOULD LIKE TO DESIGNATE YOUR GIFT FOR

- Un- and Under Insured Patient Support
- The Jennifer Fund – Pediatric Patient Support
- Immediate Patient Basic Needs Support
- Funeral Expense Support

Amount of your enclosed donation \$ \_\_\_\_\_

Would you like your donation to be in memory or in honor of someone? \_\_\_ Yes \_\_\_ No

In Memory of \_\_\_\_\_

Or

In Honor of \_\_\_\_\_

Kindly mail this completed form with your gift payable to HWC to:  
Hospice of Washington County, Inc.  
Attention: Development Office  
747 Northern Ave.  
Hagerstown, MD 21742

