



Please mail to:
Collaborative for Palliative Care
7 Ellis Drive
White Plains, NY 10605

Name _____
Address _____
City/State/ZIP _____
Phone _____
Email _____

_____ My gift is a general contribution

My gift is in memory of _____
My gift is in honor of _____
Please send notification of my contribution to:
Name _____
Address _____
City/State/ZIP _____

_____ My company has a matching gift grant program, form enclosed.

_____ I would like my gift to remain anonymous.

_____ Check enclosed payable to Collaborative for Palliative Care
_____ Please bill by gift of \$_____ to my:
 Mastercard Visa
Card # _____ Exp. Date _____
Name of Cardholder (please print): _____
Signature of Cardholder: _____

Gifts to Collaborative for Palliative Care are fully tax deductible.