

Legacy Club Donation Form
Community Hospice Care

Thank you for your donation to the
Community Hospice Care's Legacy Club.

Donors Information:

Name:	
Address:	
City, State, Zip	
E-mail:	
Telephone	

Yes, I want to be a Club Member

Dove Club: \$50 - \$99

Bricks:

Cherub Club: \$100 - \$249

Angel Memorial Club: \$250 - \$499

Blocks:

Heavenly Club: \$500 - \$999

Visionary Business Club: \$1000 - \$2499

I have enclosed Business Logo

Room Naming:

Everlasting Endowment Club: \$2500 or More

Building Naming Club: \$10,000 +

Brick/Block Information:

Personalized Name _____

Business Name/Logo _____

In Memory of _____

In Honor of _____

Amount Enclosed \$ _____ Checks Payable to:
Community Hospice Care
181 E. Perry Street
Tiffin, Ohio 44883

Credit Card: Visa [] MC [] Discover [] Am Ex []
Card # _____ Exp. Date _____

Your tax deductible contribution will allow Community
Hospice Care to fulfill their mission in providing
services to our area.

Thank you for your donation.