



# Gift Form



*All Gifts are tax deductible. Our tax identification No. 566000798*



### Name of Donor/s

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS

City

State                      Zip

Daytime Phone Number (optional)

Email (optional)

### **Contact Person If Different Than the Named Donor/s**

\_\_\_\_\_

Daytime Phone Number

Please mail this form with your check or other Payment information to:

Albemarle Hospice or Albemarle Home Care  
PO Box 189  
Elizabeth City, NC 27907-0189

### **Person to Be Notified of Your Memorial Gift**

\_\_\_\_\_

ADDRESS

City

State                      Zip

Amount of Gift: \_\_\_\_\_

### **How This Gift Should be Used:**

- Gift is unrestricted and should be used where the need is greatest.
- This Gift is in  Memory or in  Honor of Someone.

\_\_\_\_\_

Did this person receive care from Albemarle Hospice?  Yes  No