



**Please consider donating, as we celebrate, honor and remember our loved ones
on Memorial Day.**

Memorial amount \$25, \$50, \$75, \$100, other \$ _____.

**Your gift helps the mission of Friends of Hospice by providing funds to care for
uninsured hospice patients. Complete the form below and return with your payment.**

The names of the individuals are listed below.

In Memory of _____

In Honor of _____

If you would like for us to notify someone of your gift please include the name and address on the back.

Your Name _____

Address _____ City _____ Zip Code _____

Phone _____

Total Enclosed \$ _____.

Payment method

() My check is enclosed, payable to Friends of Hospice San Antonio
PO Box 40487, San Antonio, TX 78229
Please charge my (circle one) VISA MasterCard American Express Discover

Name on credit card _____

Card # _____ Exp. Date Mo. / Yr.