

Make a Gift

We appreciate your generosity in supporting Fox Valley Hospice. Please print this page, complete the form, and mail along with your donation to:

Fox Valley Volunteer Hospice
200 Whitfield Dr.
Geneva, IL 60134

Please make checks payable to **Fox Valley Volunteer Hospice**

Or fax to 630-232-0023 if you wish to use your credit card:

Credit Card type: MasterCard or Visa (please circle)

Credit Card Number: _____

Expiration Date: _____ 3-Digit Code on Back of Card: _____

My gift is:

In memory of _____

or

In honor of _____

or general donation (check here) _____

Your information: (please print)

Name _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

E-Mail _____

Please notify the following individual(s) of my memorial or honorarium.
The amount of your gift will not be disclosed: *(Please print)*

Name _____

Address _____

City, State, Zip _____

Day phone _____ Evening phone _____

Receipts: (Check one)

_____ No receipt is necessary. My cancelled check will serve as my receipt.

_____ Please send a receipt.

All donations are tax deductible. Thank you for your kind support.