



## Mail-In/Fax Donation Form

**Prefix/Title** Mr. Mrs. Miss. Ms. Dr.

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Gift Information

**One Time Gift Amount \$** \_\_\_\_\_ **Monthly Gift Amount \$** \_\_\_\_\_

In Memory of \_\_\_\_\_ In Honor of \_\_\_\_\_

Special Occasion \_\_\_\_\_ Other \_\_\_\_\_

### Friends of Nathan Adelson Hospice are recognized publicly

Partners \$100 - \$499

Ambassadors \$500-\$4,999

Benefactors \$5,000 - \$24,999

I wish to remain anonymous

### Method of Payment

Check or Credit Card

**Check:** Please make checks payable to: **Nathan Adelson Hospice Foundation**

**Credit Card:**  American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

SVC Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I authorize Nathan Adelson Hospice to charge my credit card for the above amount.**

\_\_\_\_\_  
**Signature** **Print Name** **Date**

**Gift Notification** (optional)

Per your request, we will gladly send a personalized notification announcing your gift to the individual you designate.

**Prefix/ Title** Mr. Mrs. Miss. Ms. Dr.

First \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

**Please mail/fax this form to:**

Nathan Adelson Hospice Foundation  
4141 Swenson Street  
Las Vegas, NV 89119

Telephone (702) 796-3140  
Fax (702) 796-3195