



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 University Center Drive
Las Vegas, NV 89119

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