

Calvert Hospice 
CONTRIBUTION

Enclosed is my contribution of:

\$_____ \$250 \$125 \$75 \$50 \$25

Name _____

Address _____

City _____ State _____ Zip _____

Please charge my MasterCard Visa:

Card No. _____ Exp. Date _____

Signature _____

Please make checks payable to *Calvert Hospice*. All gifts are tax deductible to the extent permitted by law.

COMMEMORATIVE GIFT

In Memory of _____

Please send an acknowledgement of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

THANK YOU!