



# Mail-in Donation Form

*Make Checks Payable to: Residential Hospice Foundation*

Donation Amount \$ \_\_\_\_\_

( ) In Memory of ( ) In Honor of \_\_\_\_\_  
*Name of the person you are donating in memory or honor of*

## Donor Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address optional \_\_\_\_\_

Phone Number optional \_\_\_\_\_

## Tribute Information

*Tell us whom you would like us to notify of your donation.*

Please include the name and address below **(Required for notification)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### Mailing address

Residential Hospice Foundation  
5440 Corporate Drive Ste. 300  
Troy, Michigan 48098

\_\_\_\_ I would like to be added to your mailing list

***Print this form and mail a completed copy with your donation to the address above***

***Thank you for donation to the Residential Hospice Foundation***

Residential Hospice Foundation is a 501 (c) (3) nonprofit organization and your donation is tax deductible to the extent allowed by law