



**HOSPICE
PROMISE**
FOUNDATION



**Become a hospice hero.
Make a donation today.**

I would like to make a donation of \$ _____ to **The Hospice Promise Foundation**.

I would like my donation to go to the following city/state/region: _____.

If no city/state/region is listed, your donation will go to the general fund to support patients nationwide.

Donor information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

In memory of: _____.

If you would like an acknowledgment sent to the family, please include the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please list my name in the annual Hospice Promise Foundation report as follows: _____

Please do not list my name in the annual Hospice Promise Foundation report.

Please make your check payable to **The Hospice Promise Foundation**. Enclose this form along with your check and mail to:

The Hospice Promise Foundation
901 Hugh Wallis Road South, Lafayette, LA 70508

Questions? Email us at Hospice.Foundation@LHCgroup.com.