



**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 acknowledgement 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](mailto:Hospice.Foundation@LHCgroup.com).*