

**HOSPICE** OF THE *Piedmont*  
GRATEFUL FAMILY FORM

**RECOGNIZE A CAREGIVER/TEAM**

I'd like to honor the following:

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**YOUR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

I wish to remain anonymous.

**WE WANT TO HEAR FROM YOU**

Share your story and help others gain a deeper understanding of how Hospice of the Piedmont helped you, your family, and your loved one. Your personal story is valuable to our team and to others who may be considering hospice or palliative care for their loved ones. Share your story below.

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**GIFT AMOUNT**

\$ \_\_\_\_\_

The honoree(s) will be notified of your gratitude; the gift amount will remain confidential.

If you would like to transfer stock, make a planned gift, or to make a gift by phone, please contact a member of our Development Team at (434) 972-3568.

**PAYMENT OPTIONS**

*Checks may be made payable to Hospice of the Piedmont.*

**CREDIT CARD INFORMATION**

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_