



YOUR PEACE  
OUR PURPOSE

DONOR INFORMATION

Your name \_\_\_\_\_  
Spouse/partner name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_

TRIBUTE INFORMATION

My gift is in memory or honor of:  
 In Memory of: \_\_\_\_\_  
 In Honor of: \_\_\_\_\_

Please notify the following person(s) of my gift.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

GIFT DESIGNATION

Please designate my gift to:  
 HOPS's Greatest Needs  
 Community Outreach and Engagement  
 Education Program  
 Grief and Healing  
 Hospice House  
 Kids' Grief and Healing  
 The Serenity Fund (Patient and Family Support)  
 Supportive Music  
 Veterans' Services

PAYMENT OPTIONS

I would like to make a gift in the amount of \$ \_\_\_\_\_  
 One-time     Monthly

*One-time gifts of \$1,000 (or more) or \$84 a month (or more) automatically designates you as a member of our Piedmont Society – a community of donors who generously support HOP with an annual leadership gift.*

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

- This gift will be matched by my employer, and the matching gift form from my employer is enclosed.
- I/We wish to remain anonymous.

CREDIT CARD INFORMATION

I authorize Hospice of the Piedmont to charge my credit card in the amount of \$ \_\_\_\_\_  
Card number \_\_\_\_\_  
Expiration date \_\_\_\_\_ CVV \_\_\_\_\_  
Name on card \_\_\_\_\_  
Signature \_\_\_\_\_

MAIL TO

Hospice of the Piedmont  
675 Peter Jefferson Parkway, Suite 300  
Charlottesville, VA 22911  
*Hospice of the Piedmont Tax ID #52-1205921*

To transfer funds, make a stock gift, or make a planned gift, please call a member of our Development Team at 434- 972-3568.