

# CHAPCA

Yes, I want to support the work the California Hospice and Palliative Care Association



I enclose my/our gift of:  \$500  \$100  \$50  \$25 Other \$ \_\_\_\_\_

Cash

Check (Payable to California Hospice and Palliative Care Association (CHAPCA)).

Please Charge my credit card a single payment of: \$ \_\_\_\_\_

Please establish a regular payment on my credit card of: \$ \_\_\_\_\_

per month  per quarter  other \_\_\_\_\_

Begin my payments on: \_\_\_\_\_ through \_\_\_\_\_

## Credit Card Information

American Express  MasterCard  Visa

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ ID # \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**This gift is:**  In Honor Of:  In Memory Of: \_\_\_\_\_

This special person is my/our:  Parent  Spouse  Son  Daughter  Brother  Sister  Friend

Grandparent  Other: \_\_\_\_\_

Please notify the following individual (s) of my gift:

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Donor Information:

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I would like information about how to include the California Hospice and Palliative Care Association in my will or estate plans.

CHAPCA is a 501 (c) (3) organization. Donations are tax deductible to the full extent of the law.

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