

Please print and complete this form and mail it with your donation to:

**Covenant Hospice**  
**5041 N. 12<sup>th</sup> Avenue**  
**Pensacola, FL 32504**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

I am enclosing a gift of:  \$25  \$50  \$100  \$500  \$1,000  Other \_\_\_\_\_

Make checks payable to Covenant Hospice.

Charge my  VISA  MasterCard  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

This gift is made  in honor of  in memory of the following person:

\_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

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

Special Occasion (specify occasion) \_\_\_\_\_

Notice of gift is sent promptly. Gift amount will not be disclosed.

Please check here if you wish your gift to be anonymous.

I would like to learn more about:

- Covenant Hospice Bereavement Services
- How to become a volunteer
- Support for Covenant Hospice fundraising efforts
- Covenant Hospice special events in my area
- Gifts from wills, trusts, life insurance, and other gifts of property
- Naming opportunities
- Designating my gift to a specific program or facility

Gifts are tax deductible to the extent of IRS regulations. No goods or services are provided by Covenant Hospice, Inc. in return for any contributions. Covenant Hospice, Inc. operates in the State of Florida as a 501(c)3 charitable organization and is registered with the Florida Department of Agriculture & Consumer Services. Covenant Hospice does not engage outside solicitors, and one hundred percent of contributions are received by Covenant Hospice and its foundation. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. For additional information, call 1-800-435-7352. Registration # SC-04450.