



My Donation is: In Memory Of _____

In Honor Of _____

This Gift is From: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Email: _____

Amount Enclosed: \$

Yes, I would like to include Friends of Hospice in my will.

Person(s) to be notified of gift (the amount will not be indicated):

Name: _____

Address: _____

City: _____

Thank You for Your Tax Deductable Gift.

Make Checks Payable To:
FRIENDS OF OSWEGO COUNTY HOSPICE
PO BOX 102
OSWEGO, NY 13126-0102