



Benton  
Hospice  
Service

# Donation Form

- I want to support Benton Hospice Service with a tax-deductible gift in the following amount:
- \$1000     \$500     \$250     \$100     \$50
- Other \_\_\_\_\_

- I authorize Benton Hospice Service to charge my credit or debit card as follows:

\$ \_\_\_\_\_     one time     monthly

VISA     MasterCard    Card # \_\_\_\_\_

Expiration date \_\_\_\_\_    Signature \_\_\_\_\_

*Recurring credit card donations may be changed at any time by contacting Benton Hospice Service.*

## Donor Information:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Gifts of \$50 or more will be recognized in our newsletter, *Caring Times*.**

Please list donor(s) as:

\_\_\_\_\_

## Optional Information:

My gift is  in memory of     in honor of

\_\_\_\_\_

Please notify (optional):

Name \_\_\_\_\_

Address \_\_\_\_\_

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

- I would like information about making a bequest or planned gift.

*Please mail this form along with your check or money order to:*

Benton Hospice Service  
2350 NW Professional Drive  
Corvallis, OR 97330