



Angela Hospice®

I would like to support the Angela Hospice mission of comprehensive, compassionate, and Christ-like care through my tax-deductible gift of \$

This gift is from (please print clearly):

Title: Mr. Mrs. Mr. & Mrs. Ms. Other_____

Name:

Address:

City: State: Zip:

Phone: () Email:

Please send me information on: Planned Giving Hospice Services
 Volunteering Memorial Opportunities

In Memory of (deceased) **In Honor of (living)**

Name:

Please use my gift toward:

Angela Hospice Patient Care
Good Samaritan Program
Pediatric Program

Bereavement Care
Sister Giovanni's
Compassionate Care Fund

Where most needed
We Honor Veterans

Please send notification of my gift to:

Name of Family/Friend:

Address:

City: State: Zip:

Please enclose check made out to Angela Hospice and return to:
Angela Hospice Development Office
14100 Newburgh Rd • Livonia, MI 48154
or FAX (734) 521-0485