



Hospice Care Team, Inc.



Donation Form

Donations made to Hospice Care Team, Inc. will help to provide care to our patients who do not have the ability to pay for services, while providing end-of-life care in the community. If you would like an acknowledgement of your contribution sent to a family or individual, please include their name and address where indicated below. Hospice Care Team, Inc. is a 501(c)(3) public charity.

Mail or fax donation form to:

Hospice Care Team, Inc.
11441 32nd Avenue North, Suite B
Phone: (409) 938-0070
Fax: (409) 316 - 9575

Donor Information

Hospice Care Team, Inc. sends its donors acknowledgement of gifts. Please select whether you would like to receive such acknowledgment by Mail (or) Email.

Donor's Name: _____ Date: ____/____/____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Email: _____@_____

Donation Information

Donation Amount: \$ _____

- Please select payment type for this donation

Cash Check # _____ Credit Card: AMEX VISA MC

Credit Card #: _____ Exp. Date: ____/____/____ CID Code: _____

Name as it appears on card: _____ Billing Zip Code: _____

Send acknowledgment of this Donation to:

Name / Organization: _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip: _____

Please select one of the following if applicable:

In loving memory of (or) In honor of:

Name: _____

Comments from Donor(s): _____

