

**Yes!** I would like to support  
**GEORGIA MOUNTAINS HOSPICE**



Mr.  Mrs.  Ms.  Mr. and Mrs.

Your Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Enclosed is my tax-deductible donation in the amount of:

\$25  \$50  \$100  \$250  \$500  \$1,000  Other Amount: \$\_\_\_\_\_

My Check is enclosed

Please charge my credit card. **Name on card:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **CVC Code:** \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_

Visa  Mastercard  American Express  Discover

This gift made in memory/honor of: \_\_\_\_\_

**Please send an acknowledgement of this gift to:**

\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

GEORGIA MOUNTAINS HOSPICE relies on the generosity of our donors. We are a non-profit organization providing compassionate care to patients and their loved ones, before, during and after the end of life.

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