

## MEMORIAL CONTRIBUTIONS

We are committed to serving end-of-life needs in our community for patients and families needing products and services that are not covered by insurance or those who have no insurance coverage at

If you would like to make a contribution to Oklahoma Hospice Care in memory of someone who has passed, please tell us:

- Name of the Deceased
- Your Name
- Your Address
- Your Daytime Phone
- The Name and Address of Deceased Person's Family Member (so that we can notify them of the gift you make in memory of their loved one).

Donations and Memorial gifts can be mailed to:

Oklahoma Hospice Care (In Honor of / In Memory of	)
8241 S Walker Avenue, Suite 204	
Oklahoma City, OK 73139	

Oklahoma Hospice Care will acknowledge receipt of your gift after receiving it. The person you request to be notified of your gift will be contacted at the same time. The amount of your gift will not be shared with the family member.

Any contribution would be appreciated as it would allow us to meet needs that otherwise might not be met. Oklahoma Hospice Care is a taxable entity so we are not able to accept tax deductible contributions. Monetary and non-monetary contributions are accepted.

We truly appreciate the opportunity to serve others and are constantly striving to find ways to do more!

## **MEMORIAL CONTRIBUTIONS**

Gift Amount	<b>\$</b>
In Honor of / In Memo	ory of
Name:	
Giver Contact Inform	ation
Name:	
Address:	
Phone Number:	
Email Address:	
Family Member to No	tify of the Gift (if you want us to notify anyone)
Name:	
Address:	
Additional Comments	\$
Oklahoma Hospice C	are Mailing Address
-	pice Care (In Honor of / In Memory of)
8241 S Walker A Oklahoma City,	Avenue, Suite 204

## **Oklahoma Hospice Care**