

We had *fun* while fundraising for NHF!

Company or organization, as you would like to appear in written materials

Contact name/event organizer

Address (street, city, state, zip)

phone

email

Enclosed is a check reflecting the proceeds from our

type/name of event

We raised _____.*
amount

* For tax purposes, NHF will acknowledge all donors from whom a check is received. If the check(s) submitted includes cumulative cash donations from individual donors, please attach a list of names and addresses for proper recognition.

Please return this form to:

National Hospice Foundation • PO Box 6058 • Washington, DC 20042-6058

The National Hospice Foundation is a 501(c)(3) charitable organization. Gifts are tax-deductible to the extent permitted by law.