



306 Wharf Street ♦ P.O. Box 6042
Brookings, OR 97415
(800) 535-9472 ♦ Fax: (888) 611-8233
Referral Fax: (866) 611-8843

Mail-In Donation Form

Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____ Cell Phone: _____
Email: _____

I would like to support Coastal Home Health & Hospice with my gift of \$ _____
Please make your check payable to CHHH

Memorials and Honorariums

___ This gift is in Memory of: _____
___ This gift is in Honor of: _____

I would like the acknowledgement sent to: (the amount will not be disclosed)

Name: _____
Address: _____
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Designated Giving

My tax-deductible donation is designated for:

- | | |
|-----------------------------------|---------------------------------------|
| ___ The area of greatest need | ___ Staff Education |
| ___ Hospice patients and families | ___ Home Health patients and families |
| ___ Program Development Cost | ___ Basic Operation Costs |

Please mail this form along with your tax-deductible gift to:

Coastal Home Health & Hospice
PO Box 6042
Brookings, OR 97415

Your contribution is tax-deductible as provided by law. Federal Tax ID #38-3816505