

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 \$ _____
Check – 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: _____

City/State/Zip: _____

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 493
Gold Beach, OR 97444

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