



**Donation Form
2018 Hearts for Hospice**

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Item Description or Sponsorship level:

Retail Value (if this is an item to be used for our silent auction): _____

Credits for Testimonial Auction Program (All donations will be listed and acknowledged. Please print Donor name/Company Name **EXACTLY** as you would like it to appear. If you do not want to be listed and/or acknowledged, please write "Anonymous"):

Donation Delivery:

Will messenger or mail donation to Hospice of Lake Cumberland by: _____

Will have donation available for pick-up any time after: _____

Donor Signature: _____

Please return donation to: **Hospice of Lake Cumberland**

**Sasha Gossett
100 Parkway Drive
Somerset, KY 42503**

Please retain one copy of contract for your records and return one copy with your donation.

Tax ID # 31-1118731

<p>For Office Use:</p> <p>Date Item Received: _____ Date Acknowledgement Letter Sent: _____ Amount Purchased: _____</p>
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