I want to help Hospice Partners of Southern California continue its mission of providing professional Hospice care to all individuals who need and desire their service, regardless of ability to pay.

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Enclosed is my tax-deductible contribution of:

☐ $25 ☐ $100 ☐ $1000

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In memory ☐ In honor ☐ of _____

Please charge my:

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Signature authorizing charge: _____

Please make checks payable to: Hospice Partners of Southern California

Send Acknowledgement to: _____

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City: _____ State: _____ Zip: _____

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3250 Ocean Park Blvd., Ste 100-C
Santa Monica, CA 90405

We gratefully acknowledge every donation.
Thank You
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Federal Tax ID# 77-0475425
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