



Please make checks payable to:

**Hospice Care of  
Southwest Michigan**

Please accept my gift of \$ \_\_\_\_\_ as a contribution to:

- Kalamazoo Program
- Rose Arbor Hospice Residence
- Cass and Van Buren County Program

**Donor's Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

My gift is in memory of: \_\_\_\_\_  
 My gift is in honor of: \_\_\_\_\_

Please notify the following individual of my gift:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please print and mail this form along with your check to:

Hospice Care of Southwest Michigan  
 222 N. Kalamazoo Mall, Suite 100  
 Kalamazoo, MI 49007-3882

**Thank You**