



**HOSPICE OF THE
WESTERN RESERVE**

Monthly Donor Club

Please complete the following form to initiate an ongoing monthly donation with Hospice of the Western Reserve. If you have questions, do not hesitate to reach out to the Development Team at 855.475.0245 or donate@hospicewr.org.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Payment Method:

- I would like to send monthly contributions by check. Please send me envelopes.
- I authorize a donation of \$_____ to be charged from my credit card each month.
 - Visa Mastercard Discover American Express

Credit Card Number:

Expiration Date: / CVV (Security) Code:

Name on Card: _____

Signature: _____

Preferred date to charge credit card: 1st of the month 15th of the month

(Please note: credit card donations will be made on the 1st or 15th of the month, or the nearest working day if the date falls on a weekend or holiday.)

This gift is in memory of (deceased):

This gift is in honor of (living person):

For your convenience, will receive a receipt detailing your contributions at the end of each calendar year.

Please mail this form to:

Hospice of the Western Reserve Contributions
17876 St. Clair Avenue | Cleveland, OH 44110

For security purposes, please do not send credit card information via email.

Please send me information on the following: (email address required)

- Tribute Walks and Gardens
- How to include Hospice of the Western Reserve in my will.
- Walk to Remember