



MEMORIAL CONTRIBUTIONS

We are committed to serving end-of-life needs in our community for patients and families needing products and services that are not covered by insurance or those who have no insurance coverage at all.

If you would like to make a contribution to Colorado Palliative & Hospice Care in memory of someone who has passed, please tell us:

- Name of the Deceased
- Your Name
- Your Address
- Your Daytime Phone
- The Name and Address of Deceased Person's Family Member (so that we can notify them of the gift you make in memory of their loved one).

Donations and Memorial gifts can be mailed to:

Colorado Palliative & Hospice Care (In Honor of / In Memory of _____

Colorado Palliative & Hospice Care will acknowledge receipt of your gift after receiving it. The person you request to be notified of your gift will be contacted at the same time. The amount of your gift will not be shared with the family member.

Any contribution would be appreciated as it would allow us to meet needs that otherwise might not be met. Colorado Palliative & Hospice Care is a taxable entity so we are not able to accept tax deductible contributions. Monetary and non-monetary contributions are accepted.

We truly appreciate the opportunity to serve others and are constantly striving to find ways to do more!

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Gift Amount \$ _____

In Honor of / In Memory of

Name: _____

Giver Contact Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Family Member to Notify of the Gift (if you want us to notify anyone)

Name: _____

Address: _____

Additional Comments

Colorado Palliative & Hospice Care Mailing Address

Colorado Palliative & Hospice Care (In Honor of / In Memory of _____)
