



**Donation Form**  
**Kindred Hospice Foundation**  
A Nonprofit/501(c)(3) Organization

Kindred Hospice Foundation's mission is to support and educate persons and organizations dealing with end-of-life causes. It is a nonprofit organization committed to support deserving organizations and causes associated with hospice and palliative care and giving compassionate assistance to those at the end of life's journey.

Please mail your tax-deductible donation to:

**Kindred Hospice Foundation**  
3350 Riverwood Parkway SE, Suite 1400  
Atlanta, GA 30339

**DONOR**

Mr. / Mrs. / Miss / Ms. / Dr.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CONTRIBUTION**

Enclosed is my tax-deductible contribution of: \$ \_\_\_\_\_

This contribution is made  as a direct donation  in memory of  in honor of

Name: \_\_\_\_\_

My gift will be matched by \_\_\_\_\_ (company name) for \$ \_\_\_\_\_

Please make my gift recurring at \$ \_\_\_\_\_ per month

**ACKNOWLEDGMENT**

Please send notification of my/our gift (without specifying the amount) to:

Mr. / Mrs. / Miss / Ms. / Dr.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donations can be made online at [www.KindredHF.org](http://www.KindredHF.org)

**Thank you for your support!**

For specific state solicitation disclosures, go to the Donate section at [www.KindredHF.org](http://www.KindredHF.org).