

# AVIANT Hospice Donation Form



**AVIANT  
HOSPICE**  
*An AVIANT Healthcare Company*

The team at AVIANT Hospice will forward a personalized letter thanking you for your thoughtful contribution as well as a receipt for tax purposes. We will also send a letter to the family of the loved one you are honoring.

Call AVIANT Hospice in the event you have additional questions at 480.398.2411

**Print this form and mail it along with your donation to:**

AVIANT Hospice  
Attn: Donations  
2430 W Ray Rd., Ste 3 • Chandler, AZ 85224

**Donor Information**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Apt./suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (for questions regarding your donation): \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Information**

Amount \_\_\_\_\_ In honor of (name): \_\_\_\_\_ In memory of (name): \_\_\_\_\_

Please send an acknowledgment to (name): \_\_\_\_\_ Acknowledgement's relationship to honoree: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Method of Donation:** Checks: Make Payable to AVIANT Hospice

Card Type:    Visa    Master Card    American Express    Discover

Name as it appears on card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV \_\_\_\_\_

---

Signature