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Your gift is making a difference and helping us realize our vision of a world where everyone facing serious illness, death, and grief will experience the best that humankind can offer.

(Fields marked with * are required)

This is a personal gift. This gift is from an organization or a company.

* First Name: _____ * Last Name: _____

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If this gift is from an organization or a company, please provide organization/company name and address, if different than above _____

For recognition purposes, I prefer my name/organization to be listed: As above

Name(s)/Organization Name: _____

I prefer to remain anonymous.

My company participates in a matching gift program.

If your company participates in a matching gift program, please request and complete the appropriate form from your personnel office.

Company Name and Address: _____

Please include me in the distribution of: Focus on Compassion Newsletter

I prefer to receive publication(s): Mail E-mail

This gift is given: In Memory of In Honor of Neither

Name of the person in memory or honor of: _____

Please send an acknowledgment of my gift to:

Name(s): _____ Address: _____

City: _____ State: _____ Zip: _____

Donation amount: * _____ **Check Enclosed (made payable to Global Partners in Care)**

Credit Card Information

Credit Card # _____ Name on the Card _____

Expiration Date _____ Signature _____

Visa/MC CVV Code (3-digits back right side) _____ AMEX CVV Code (4-digits front right side) _____

Please return to:

Global Partners in Care, P.O. Box 824415, Philadelphia, PA 19182-4415 or Fax to: 703-837-1233.