

# elevate

HOSPICE & PALLIATIVE CARE

Raising The Standard

## Donation Form

Please print this form and mail it along with your contribution to:

**Elevate Hospice and Palliative Care, LLC**

7010 E Acoma Drive, Suite 101E

Scottsdale, AZ 85254

Phone: 480-800-4816

Email: [info@elevatehospiceaz.com](mailto:info@elevatehospiceaz.com)

Website: [www.elevatehospiceaz.com](http://www.elevatehospiceaz.com)

## Donor Information

Donor Name:

Organization:

Address:

City:

State:

ZIP:

Phone (for any questions regarding your contribution):

Email:

I do not want to receive future mailings from Elevate Hospice and Palliative Care

Please send me information about:

- Volunteering
- Events and fundraising opportunities
- Community education
- Legacy giving options
- Other: \_\_\_\_\_

## Contribution Information

Amount:

Please make this a monthly contribution

Employer matching gift (form enclosed)

This contribution is made:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

**Acknowledgment recipient:**

**Name:**  **Relationship:**

**Address:**

**City:**  **State:**  **ZIP:**

**Phone:**  **Email:**

**Payment Method**

**Check enclosed — payable to: Elevate Hospice and Palliative Care, LLC**

Check #:

**Credit Card**

Visa  MC  Disc  AmEx

**Name on card:**  **Card Number:**

**CVV:**  **Exp. Date:**  **Billing ZIP:**

**Online via Stripe**


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**Please note:** Contributions made to Elevate Hospice and Palliative Care, LLC are not tax-deductible, but will be used to support patient- and community-focused programs.

 Instructions: Print this completed form and mail it with your contribution to the address shown above. For online donations, use the QR code or visit the Stripe link directly.