

Legacy Club Donation Form  
Community Hospice Care

Thank you for your donation to the  
Community Hospice Care's Legacy Club.

Donors Information:

Name:	
Address:	
City, State, Zip	
E-mail:	
Telephone	

Yes, I want to be a Club Member

Dove Club: \$50 - \$99

Bricks:

Cherub Club: \$100 - \$249

Angel Memorial Club: \$250 - \$499

Blocks:

Heavenly Club: \$500 - \$999

Visionary Business Club: \$1000 - \$2499

I have enclosed Business Logo

Room Naming:

Everlasting Endowment Club: \$2500 or More

Building Naming Club: \$10,000 +

Brick/Block Information:

Personalized Name \_\_\_\_\_

Business Name/Logo \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Checks Payable to:  
Community Hospice Care  
181 E. Perry Street  
Tiffin, Ohio 44883

Credit Card: Visa [ ] MC [ ] Discover [ ] Am Ex [ ]  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Your tax deductible contribution will allow Community  
Hospice Care to fulfill their mission in providing  
services to our area.

Thank you for your donation.