



PO Box 882  
Occidental, CA 95465-9339  
Toll-Free 866-489-HEAL (4325)  
Web Site: www.healproject.org  
e-mail: donations@healproject.org

## Donation Form

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I would like for my donation to the HEAL Project to be used to support (select desired areas):

- Use my donation where it is most needed (General Fund)
- Children's Hospice Programs
- Hospice Volunteer Training Institute (HVTI)
- Hospice Volunteer Training Institute Scholarship Fund
- Hospice Volunteer Association (HVA)

My contribution in the amount of \$\_\_\_\_\_ is made in memory or honor of:

Name \_\_\_\_\_

Please send notification of this gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**CREDIT CARDS:** If you would like to make your donation using your **VISA, MasterCard** or **Discover**, please contact our Donations Department toll-free at (866) 489-HEAL (4325), or provide your credit card information and signature below and mail in the form to the address below:

VISA  M/C  Discover # \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ [MM/YY]

Cardholder Name on Card (please print) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ 3-digit CID # from back of card: \_\_\_\_\_

**CHECKS:** Make checks payable to: **HEAL Project**. Please mail the completed form and your donation to:

**HEAL Project**  
**Donations Department**  
**PO Box 882**  
**Occidental, CA 95465-9339**

### Thank you!!