



10126 Alta Sierra Dr. #299
Grass Valley, CA 95949-6883
Toll-Free 866.489.4325
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)

Hospice Volunteer Association (HVA)

Hospice Volunteer Training Institute (HVTI)

Compassionate Communities

Children's Hospice Programs

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
10126 Alta Sierra Dr. #299
Grass Valley, CA 95949-6883

Thank you!!