

To Pay by Check or Credit Card  
Please Print, Complete, and Mail with Check or Credit Card Info to:  
**Eaton Community Palliative Care**  
**2675 S. Cochran**  
**Charlotte, MI 48813**

Enclosed, please find my tax-deductible donation to support Eaton Community Palliative Care  
as they continue providing "a special kind of caring".

\$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please use this Donation for:

*Memorial Gift in memory of:* \_\_\_\_\_

*Honorarium Gift in honor of:* \_\_\_\_\_

Please inform of my donation *in memory/ honor of* their loved one

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

If Paying by Credit Card, Please Bill My:

( ) Visa ( ) Mastercard ( ) American Express ( ) Discover

Credit Card No. \_\_\_\_\_

Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_