



Hospice of the Prairie, Inc.

DONATION FORM

Please print all information as clearly as possible.

Date: _____

Donor Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Enclosed amount: \$ _____

This gift is in memory of in honor of

Please notify the following of this gift.

Name: _____

Address: _____

City, State, Zip: _____

Please complete and mail with your contribution to:

Hospice of the Prairie, Inc.
P.O. Box 1298
Dodge City, KS 67801

All contributions to Hospice of the Prairie, Inc. are tax-deductible.
For more information, please call (620) 227-7209.