

Enclosed is my gift of \$ _____

To assist Ogle County Hospice in serving the terminally ill
and their families with compassionate care and support.

Ogle County Hospice Association Foundation, Inc.

is a 501(c)(3) non-profit, tax-exempt organization. Contributions are deductible to the extent allowed by law.

PLEASE PRINT

This gift is: *IN MEMORY OF* _____

and /or

IN HONOR OF _____

Your Name _____

Address _____

City/State/Zip _____

Please notify the following that a contribution has been made *IN MEMORY OF* and/or *IN HONOR OF*:

Name _____

Address _____

City/State/Zip _____

Thank You for Your Gift

Please Mail to: Ogle County Hospice
P.O. Box 462
Oregon, IL 61061