



OGLE COUNTY HOSPICE
HOSPICE HOME

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:(office) _____(home) _____

(cell-optional) _____

Recognizing the importance of Ogle County Hospice's campaign to build a new Hospice Home:

My/Our gift of

\$100 \$250 \$500 \$1,000 Other _____ is enclosed.

This gift is: IN MEMORY OF _____

and /or

IN HONOR OF _____

I would like more information on Naming Opportunities. Please contact me.

**Please make gift(s) payable to: Ogle County Hospice Association Foundation, Inc.
P.O. Box 462
Oregon, IL 61061
815-732-2499
815-732-6077 Fax**

Contributions to Ogle County Hospice Association Foundation, Inc., a 501(c)(3) non-profit organization, are tax-deductible to the greatest extent of the law.