

Hospice of the Red River Valley DONATION FORM

DONOR INFORMATION	1		
Name/Business:			
Address:	City:	State:	Zip:
Phone:	Email:		
DONATION INFORMAT	TON		
Donation Amount:	\$1,000 \$500 \$250		Other:
I/We would like this donation to remain anonymous: YES NO			
PURPOSE OF GIFT Priority needs of Hospice of the Red River Valley Heather's House TRIBUTE INFORMATION My gift is in memory of: My gift is in honor of: GIFT NOTIFICATION Name/Business:			
Address:	City:	State:	Zip:
Thank you for your support of Hospice of the Red River Valley. If you have further questions, please call us at 800.237.4629. Please fill out this form. You may enclose your donation and mail it to the following address, OR, use the QR code to donate online. Hospice of the Red River Valley Attn: Philanthropy			

If you have any questions, please contact us at donations@hrrv.org, or call 800.237.4629.

1701 38th St. S, Suite 101 Fargo, ND 58103-4499

Support for our campaign may be characterized as a charitable contribution. Consult your tax advisor for specific reporting requirements. Hospice of the Red River Valley is a 501(c)(3) organization.

Our federal identification number is 45-0349152.