



PMB 146, 10 Benning Street
West Lebanon, NH 03784

www.ReclaimTheEnd.org
Info@ReclaimTheEnd.org

Donation Mail-in Form

Please print, fill in and mail this form

I want to support the advocacy efforts of the **Reclaiming The End of Life Initiative.**

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Organization: _____

Address: _____

Tel: (____) _____ **Email:** _____

Today's Date: _____

Amount Enclosed: \$ _____

Please make check payable to:
Hitchcock Foundation - Fund No. 250-2040
Ref: The Reclaiming the End of Life Initiative

Mailing address:
Reclaiming The End of Life Initiative
c/o Mr. Michael Shoob, Executive Director
Hitchcock Foundation
One Medical Center Drive
Lebanon, NH 03756

GIFT IN HONOR OR GIFT IN MEMORY

I would like to make my donation:

___ in honor of **OR**

___ in memory of

Name: _____

Please send an acknowledgement to:

Name: _____

Address: _____

MATCHING GIFTS

You may be able to increase your donation with a matching gift. Don't forget to ask your employer for information on any matching gift programs. You may also be eligible for an employer-matching gift if you are the spouse of an employee, a retired employee, or the spouse/widow/widower of a retired employee.

Your gift is tax-deductible to the full extent of the law and may be eligible for a matching contribution from your current or former employers.

We sincerely appreciate your donation.