Grateful Family Program
DONATION FORM

Our Grateful Family Program provides a meaningful way for you to say 'thank you' by sharing your personal experience with Meadowlark Hospice. In addition to sharing your story, you can help other families create lasting memories by making a gift in honor of your experience. Your contribution ensures that we can continue offering end of life care to patients and their families.

GIFT INFORMATION

Donation Amount (US$) _____

Name_____ (OPTIONAL) Business Name_____

Address _____ City_____State _____ ZIP Code_____

Email Address _____

☐ **My donation is enclosed. (Please make checks payable to Meadowlark Hospice)**

☐ **My donation was completed online @ https://www.ccmcks.org/meadowlarkhospice/giving.php**

HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is: ☐ in honor of ☐ in memory of _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name_____

Address _____City_____State ZIP Code _____

☐ **Please acknowledge the gift in the quarterly newsletter with our names**

☐ **Please acknowledge only as an anonymous gift**

TESTIMONIAL STORY

Please check if you have a testimonial or story to share

☐ I would like to be contacted to share my hospice story

Name _____

PH#_____

☐ I am enclosing my story to be shared to support hospice care and encourage others

☐ I am enclosing my story to be shared only with the hospice team

Mail forms to: Meadowlark Hospice
709 Liberty
Clay Center, KS 67432

MEADOWLARK HOSPICE is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.