

# Harmony Hospice Foundation

A Non-Profit / 501(c)(3) Organization, Foundation Tax ID: 26-1182196

## This donation is from:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Please make your check payable to The Harmony Hospice Foundation.

## My donation is in \_\_\_ honor of \_\_\_ memory of:

(Please check one)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Please notify the following of my donation:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Please print and mail this completed form with your donation to:

Harmony Hospice Foundation  
811 Washington Avenue  
Carnegie, PA 15106

On behalf of the Harmony Hospice Foundation and the people we serve, thank you for your generous support.  
Your contributions are making a difference in life.