Mary Washington Hospice Donation Form
5012 Southpoint Parkway
Fredericksburg, VA 22407
540-741-1667

Donor's Name:_____ _____
First Last

Addres:_____

City: _____

State:_____ Zip:_____

Enclosed is my gift to Mary Washington Hospice:

$_____

- In honor of _____
- In memory of _____

Please designate all or part of my gift as indicated below

- ❑ Patient Care
- ❑ General Fund for basic needs of patients
- ❑ Hospice Staff education and training to learn about new hospice services and updates

Please send acknowledgement of my gift to:

Name:_____ _____
First Last

Addres:_____

City: _____

State:_____ Zip:_____

Please make check payable to
Mary Washington Hospice

Mailing address:
Mary Washington Home Health and Hospice
5012 Southpoint Parkway
Fredericksburg, VA 22407

**All contributions are tax deductible for those who itemize on their federal income tax return.*