

*Heart to Heart Hospice*  
Patient Care Fund Donation

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Please print, complete and submit this form to:

Heart to Heart Hospice, Inc.  
P.O. Box 875  
Belmont, Ms 38827

All check should be made payable to: Heart to Heart Hospice Patient Care Fund.

Thank You for your support.

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Enclosed is my gift of: \$ \_\_\_\_\_

Please forward this donation to the:

( ) Belmont/Winfield Patient Care Fund

( ) Starkville Patient Care Fund

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This section is optional.

My gift is in memory of : \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please notify the following of my gift:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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All contributions are tax deductible. Please call (866) 813-4731 for more information.