



**Thank you for making a donation.**

Your gift is making a difference and helping us realize our vision of a world where everyone facing serious illness, death, and grief will experience the best that humankind can offer.

(Fields marked with \* are required)

This is a personal gift.  This gift is from an organization or a company.

This gift is for an International Partner: \_\_\_\_\_

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

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

Country (if outside the United States): \_\_\_\_\_

\*Email: \_\_\_\_\_

Home or Cell Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

If this gift is from an organization or a company, please provide organization/company name and address, if different than above \_\_\_\_\_

For recognition purposes, I prefer my name/organization to be listed:  As above

Name(s)/Organization Name: \_\_\_\_\_

I prefer to remain anonymous.  My company participates in a matching gift program.

If your company participates in a matching gift program, please request and complete the appropriate form from your personnel office.

Company Name and Address: \_\_\_\_\_

Please include me in the distribution of:  Focus on Compassion Newsletter

This gift is given:  In Memory of  In Honor of  Neither

Name of the person in memory or honor of: \_\_\_\_\_

Please send an acknowledgment of my gift to:

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

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

**Donation amount: \*** \_\_\_\_\_  **Check Enclosed (made payable to Global Partners in Care)**

**Credit Card Information**

Credit Card # \_\_\_\_\_ Name on the Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Visa/MC CVV Code (3-digits back right side) \_\_\_\_\_ AMEX CVV Code (4-digits front right side) \_\_\_\_\_

Please return to:

**Global Partners in Care, 501 Comfort Place, Mishawaka, IN 46545**