

*Enclosed is a gift for High Country Health Care System Hospice*

Please enclose a check payable to High Country Health Care System Hospice  
Donations are tax deductible as allowed by the IRS

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

This gift is:  Donation

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

In Memory of: \_\_\_\_\_

Please send an acknowledgement to:

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

501 (c)(3)  
Non Profit  
Organization

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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



Mail Checks/Cash and this form to:

HCHCS Hospice  
400 Shadowline Drive  
Suite 100-B  
Boone, NC 28607