



## Donate To Optimal Hospice Foundation

To donate, please complete the form below and send it with your donation to Optimal Hospice Foundation.

### Donation Information

① Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

② Amount Enclosed \$ \_\_\_\_\_  Please send me extra gift envelopes.

③  Please bill my credit card.  MasterCard  Visa  
Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If paying by check, please make it payable to Optimal Hospice Foundation.  
Your contribution is tax deductible as provided by the law.

### Memorial/Honorarium Information

① In Memory of (Name): \_\_\_\_\_  
In Honor of (Name): \_\_\_\_\_

② Please send acknowledgement in my/our name to *(amount will not be mentioned)*:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail donations with this completed form to:  
Optimal Hospice Foundation  
1315 Boughton Dr.  
Bakersfield, CA 93308

If you have any questions or would like more information about  
the work of Optimal Hospice Foundation, please call  
(661) 716-8000.