



## Optimal Hospice Foundation Donation Form

To make a donation to the Optimal Hospice Foundation please complete and enclose with your donation. Please make checks payable to the Optimal Hospice Foundation. You will receive written acknowledgement. Your contribution is tax-deductible as provide by law. Tax ID #95-333-4909

### Donation Information

Donor Name \_\_\_\_\_

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Best time to call if needed \_\_\_\_\_

Email \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_

### Credit Card Donation Information

Account # \_\_\_\_\_ Exp \_\_\_\_\_ CVC# \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address (if different from address above)  
\_\_\_\_\_

Please send replacement donation envelope(s) \_\_\_\_\_

### Memorials and Honorariums

In Memory of (name) \_\_\_\_\_

In Honor of (name) \_\_\_\_\_

Please send acknowledgement in my/our name to (amount will not be listed)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Send donation form and contribution to:**

**Optimal Hospice Foundation**

1227 Chester Avenue

Bakersfield, CA 93301

Main Office 661.716.8000 Fax 661.387.7151

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