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City _____ State _____ Zip _____

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Enclosed is my gift of: \$500 \$250 \$100 \$50 \$25 Other _____

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Name _____ CW# _____

3-4 digit # on back of MC/VISA/DISC or on front of AMEX Card

Signature _____

My gift is made in memory of or in honor of the following person(s):

In Memory of _____

In Honor of _____

Please notify _____

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**Please make checks payable to Hospice of North Ottawa Community. Your gift is tax deductible to the extent provided by law.
For more information please call us at 616.846.2015**



Hospice of
North Ottawa Community

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