

To make a contribution, please print and complete this form,
make your check or money order payable to HCS
(Home Healthcare, Hospice & Community Services) and mail to:

HCS
PO Box 564
Keene, NH 03431

Name of donor: _____

Mailing address: _____

Email address: _____

Amount of enclosed gift: \$ _____

Please designate my gift for care in the following area:

- | | |
|--|---|
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Visiting Nurse & Home Care |
| <input type="checkbox"/> Meals-on-Wheels | <input type="checkbox"/> Castle Center for Adult Day Care |
| <input type="checkbox"/> Services for Seniors | <input type="checkbox"/> Prenatal Care / Well Child Clinics |
| <input type="checkbox"/> Use gift where it is most helpful | <input type="checkbox"/> Other: _____ |

If this is a memorial/honor gift, please complete this information:

Name of person to be remembered: _____

Next of kin to be notified of this gift: _____

Next of kin address: _____

- Please do not add my name to your mailing list
- I wish to be contacted my email only