

Founded as Hospice of Wake County • 1979

Transitions LifeCare
250 Hospice Circle
Raleigh, NC 27607
919-828-0890
(Fax) 919-719-0395
www.transitionslifecare.org
philanthropydept@transitionslifecare.org

Month

Year

MAKE A DONATION - printer-friendly form

Please print this form, complete, and mail it to the above address with **check made payable to Transitions LifeCare**. If you prefer to donate by phone using a credit card or wish to make a pledge or recurring gift, please call the Philanthropy Department at 919-828-0890 or email philanthropydept@transitionslifecare.org, and a staff member will be happy to assist you.

DONOR INFORMATION			
Title:			
First Name:	Last Name:		
Company Name (if corporate gift):			
Address:			
City:	State:	Zip:	
Phone: Home Cell	l	Work	
E-mail:			
GIFT AMOUNT			
□ \$25 □ \$50 □ \$100 □	\$250 🚨 \$500	\$1,000	Other: \$
PLEASE DIRECT MY GIFT TO			
☐ Indigent Care Program ☐ Transitions K	ids 🔲 Transitions Gri	iefCare 🗖 Wher	ever it is needed most
My Company (Name:request to have my donation matched.) has a m	atching gift progr	am, and I will submit a
PAYMENT INFORMATION			
CHECK – Please make check payable to Tran	sitions LifeCare.		
CREDIT CARD – □ American Express □ [Discover 🖵 MasterCa	ard 🗖 Visa	
Card Number:			
Expiration Date: CVV:	(3 or	4-digit) number on b	ack of card
Cardholder Name:	Signature:		
RECURRING GIFT – Please charge my card \$	each month for	months, bed	ginning/_

THIS GIFT IS IN HONOR OR MEMORY OF

Please notify the following person(s Name:			
Address:			
City:	State:	Zip:	
Name:			
Address:			
City:	State:	Zip:	
I would like for my gift to remain	anonymous OR		
Please let the recipients know that t	his gift is from (Jane and Bob, Th	e Jones Family, employees o	of ABC Co., etc.):
·		, ,	
☐ I/we have included Transitions Li	ifeCare in our will or estate.	, ,	
☐ I/we have included Transitions Li	ifeCare in our will or estate.	, ,	
☐ I/we have included Transitions Li Please send me more information a ☐ Volunteer opportunities at Trans	ifeCare in our will or estate.	, ,	
 □ I/we have included Transitions Li Please send me more information a □ Volunteer opportunities at Trans □ Upcoming special events 	ifeCare in our will or estate. bout: itions LifeCare	, ,	
·	ifeCare in our will or estate. bout: itions LifeCare my will	, ,	

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