

Mail-in Donation to VHOCC

(please mail to VHOCC, 540 E. 8th St, Port Angeles, WA 98362)

Your name: _____

Your e-mail address: _____ Phone: (____) _____

Your mailing address: _____

City _____ State _____ Zip _____

Amount of donation: _____

Donation to be made: In Honor of In Memorial of

Name(s) being honored or remembered: _____

If you want an acknowledgement sent to the family, please list name and address here:

Do you want a receipt for this donation mailed to you:

Yes No

Anything you would like to tell VHOCC about this donation?

I am interested in becoming a volunteer.

I would like to receive the e-mail newsletter (no obligation)

Please send information on how I can include VHOCC in my will.

Thank you for your generosity in supporting Volunteer Hospice of Clallam County. Without donors like you, we could not carry on our work for hospice patients and their families.