



# “WINDS OF HOSPICE” DONATION FORM

(DUPLICATE AS NECESSARY FOR EACH MEMBER OF YOUR TEAM)

(Submission deadline: Skippers Meeting, February 2, 2007)

This Donation Form Completed by:	Please credit my donations toward sailing vessel:	Total Donations Received:  \$ _____
Company Name: (If representing a corporation or group)		

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*The skipper of the sailing vessel that has raised the most donations to Hospice of Naples will be recognized as the winner of the “Winds of Hospice” Perpetual Trophy. This trophy was dedicated in 2004 in memory of Joan R. Day for Fundraising Excellence.*

**Instructions to contributors:** Your donation to Hospice of Naples is tax deductible to the extent allowed by law. (Please print clearly as all contributors will be recognized.)

**PLEASE NOTE: This form is ONLY for DONATIONS to Hospice of Naples. All raffle tickets are separate transactions.**

**Contributor’s Name or Company Name:** \_\_\_\_\_ Donation Amount: \$ \_\_\_\_\_

Check One:  Check  Cash  Credit Card *Visa or MasterCard accepted. Please make checks payable to: Hospice of Naples.*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

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*Providing quality care and support would be very difficult without the support of the community we serve.  
Together We Can Make A Difference!  
Thank you! Hospice of Naples*