



**HOSPICE**  
**& Palliative Care**  
of Northeastern Illinois

***Wish List Donation Form***

*This form is to be used for "Cash to Purchase" or Gift In-Kind contributions.*

**Item from the wish list:** \_\_\_\_\_

Donor Information

Business/Organization: \_\_\_\_\_

Donor/Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Check or Cash Amount: \$ \_\_\_\_\_

Charge: Visa \_\_\_\_\_ American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

**Or**

Actual Item donation: \_\_\_\_\_

Donation Value: \$ \_\_\_\_\_

We thank you for your generous donation. Through your help Hospice of Northeastern Illinois will continue to provide care and comfort for hospice patients and their families.

*Thank you for returning this form to Hospice Foundation of Northeastern Illinois, 410 S. Hager Ave., Barrington, IL 60010. For more information please contact the Foundation Wish List Coordinator at 847-381-5599.*