



Please complete this form to donate to Trellis Supportive Care. This form should accompany payment.

Alternatively, please provide the credit card number to charge.

Please print clearly.

Donor Name: _____

Donor Billing Address (street): _____

City, State, Zip Code: _____

Donor Telephone Number: _____

Check one, as applicable:

_____ **This gift is in Honor of** _____

_____ **This gift is in Memory of** _____

Please notify the following person of my gift:

Name: _____

Address: _____

City, State, Zip Code: _____

Donation Amount: _____

_____ **My check is enclosed.**

_____ **My payment is by Credit Card.**

Name as it shows on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Mail form and payment to: Trellis Supportive Care (attention: Finance)

101 Hospice Lane, Winston-Salem, NC 27103