

**Hospice & Palliative Care of Cabarrus County**  
Honorarium Donation Form

Date: \_\_\_\_\_

**Honorarium in Honor of:** \_\_\_\_\_

**Donor Information:**

Donor Name(s): \_\_\_\_\_

Donor Company (if applicable): \_\_\_\_\_

Donor Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Numbers: \_\_\_\_\_

Day

Evening

Cell

E-mail Address: \_\_\_\_\_

**Please send an Acknowledgement Letter to:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

**Gift Amount Information:**

- Enclosed is a check made payable to Hospice & Palliative Care of Cabarrus County in the amount of \$ \_\_\_\_\_
  
- I would like a hospice representative to contact me to so that I can pay via credit card in the amount of \$ \_\_\_\_\_