



PRINTABLE DONATION FORM

Yes! I want to help Avow

Please accept my gift of: \$1000 \$500 \$300 \$100 Other \$
Please apply my gift to: Area of greatest need Palliative Medicine Hospice
I am eligible for a matching gift I have included Avow in my will

This gift is from: Mr. & Mrs. Mr. Mrs. Ms. Other
Name(s)
Address
City State Zip
Telephone Email
This is a joint gift with

Payment Information:
My check is enclosed (Make payable to: Avow Foundation)
Visa MasterCard American Express Discover
Card #
Exp. Date: CSC#
Code on back of Visa/MC/DSC; front of AMEX

I would like to be acknowledged in Avow publications as: or remain anonymous

Seasonal Address: Dates effective to Alternate Telephone
Address City State Zip

Honor/Memorial Gifts
My gift is made in: honor memory of:
My relationship to the individual being honored/memorialized:
Please send notification of gift to: Mr. & Mrs. Mr. Mrs. Ms.
Name(s)
Address
City State Zip
Telephone Email
Their relationship to the individual being honored/memorialized:

Please contact me about:
Planned giving opportunities
Donating gifts of securities, stocks, bonds, etc.
Memorial tributes (bricks, benches, plaques)

AVOW FOUNDATION, INC. IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(c)3 OF THE INTERNAL REVENUE SERVICE CODE; TAX ID NUMBER 46-5736467. A COPY OF OUR OFFICIAL REGISTRATION (# CH44473) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. CONTRIBUTIONS WILL BE DEVOTED TO PROVIDING HOSPICE SERVICES IN COLLIER COUNTY, FL THROUGH AVOW HOSPICE, INC., AND PALLIATIVE CARE SERVICES IN SOUTHWEST FLORIDA THROUGH AVOW CARE SERVICES, INC.

Please return completed form and your donation to:

Avow Foundation
1095 Whippoorwill Lane
Naples, FL 34105-3847

Thank you for helping to advance the mission of Avow.

If you'd like to make a donation by phone, please call 239.649.3683