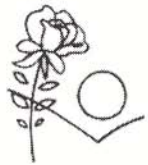
Yes, I want to support our community hospice.

Name: _____ *Address:* _____

Please check one:



_____1. **DONATION:** _____ General Operating Budget _____ Hospice House

_____2. **MEMORIAL:** _____ General Operating Budget _____ Hospice House

In Memory of _____

_____3. **MEMBERSHIP** (Members may participate in the annual meeting and election of Board of Directors.)

_____ $10 Basic Member _____ $25 Sustaining Member _____ $50 Patron

_____ $100 Major Contributor _____ $500 Benefactor

Checks payable to Prairie Home Hospice and mailed to 300 South Bruce Street, Marshall, MN 56258

(507)537-9247 - (507)537-9258 (fax)

www.prairiehomehospice.org info@prairiehomehospice.org