



## ***Bristol Hospice Foundation of CA Donation Form***

To make a donation to the Bristol Hospice Foundation of CA please complete and enclose with your donation. Make checks payable to the Bristol Hospice Foundation of CA. You will receive written acknowledgement. Your contribution is tax-deductible as provide by law. Tax ID #95-333-4909

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### **Donation Information**

Donor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Best time to call if needed \_\_\_\_\_

Email \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ CC \_\_\_\_\_

### **Credit Card Donation Information**

Account # \_\_\_\_\_ Exp \_\_\_\_\_ CVC# \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address (if different from address above)  
\_\_\_\_\_

Please send me a supply of donation envelope(s) \_\_\_\_\_

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### **Memorials and Honorariums**

In Memory of (name) \_\_\_\_\_

In Honor of (name) \_\_\_\_\_

Please send acknowledgement in my/our name to (amount will not be listed)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Send donation form and contribution to:**

**Bristol Hospice Foundation of CA (formerly Optimal Hospice Foundation)**

1227 Chester Avenue

Bakersfield, CA 93301

Main Office 661.716.8000 Fax 661.387.7151

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