



# DONATION FORM

Print and complete this form, and mail to Pathways Home Health & Hospice.

- All gifts are tax-deductible to the extent allowed by law
- Donors will receive a letter acknowledging the gift
- When gifts are made in tribute, they or a family member will receive notification of the gift with no mention of the amount

***Yes! I want to join Pathways in caring for life by making a gift.***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

\$ \_\_\_\_\_  Check enclosed  VISA  MasterCard  Discover  American Express Credit

Card # \_\_\_\_\_ Sec Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

This gift is  In Memory of \_\_\_\_\_  In Honor of \_\_\_\_\_

Please notify the following person(s) of my gift, without mentioning the amount:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Questions? Call 408.730.1200

For security reasons,  
please do not fax this form.

**To Mail:**

Please enclose this form with your check or credit card information and mail to:

Pathways Foundation  
585 North Mary Avenue  
Sunnyvale, CA 94085