



APPEAL 2009

I will help keep hospice care on the East End.

Enclosed is my tax deductible contribution of:

- \$50,000 \$25,000 \$10,000 \$5,000 \$1,000 \$500 \$250
 \$100 \$50 \$25 Other \$ _____

Name _____ Telephone _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Please charge my donation to my Visa MasterCard Amex

Card # _____ Expiration Date _____

Name as it appears on card _____ CVV Code _____

(authorized) Signature _____ Please remove me from your mailing list.

My company will match my gift; forms are enclosed.

*Please make checks payable to **East End Hospice, Inc.**, PO Box 1048, Westhampton Beach, NY 11978.*

Gifts may be made online at www.eeh.org ■ Please see alternate giving choices ➔



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My donation is

- Enclosed in full.
- Pledged in _____ quarterly/ _____ monthly installments, with the first payment of \$ _____ enclosed.
- Wire or securities transfer (for transfer instructions, please call the EEH Development Office at 631-288-7080, or email us at info@eeh.org).

*To our generous friends – If you contributed recently, we thank you for your gift.
If you receive a duplicate mailing we apologize, and ask that you pass it along to a friend. Thank you!*