



# APPEAL 2010

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](http://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](mailto: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!*