

The Connecticut Hospice, Inc. Legacy Stone Mail Order Form

Please fill out the form and mail it along with your donation.

Your investment in the "Legacy Stone" program will help sustain and grow Connecticut Hospice's home care and inpatient services. Legacy Stones may be obtained with a \$250 contribution and are tax-deductible.

Donor Information	
First Name:	Last Name:
	Apt#
City:	State: Zip:
Gift Information	
What do you want written on the bi	rick?
(3 lines per stone, 13 characters per lin	· · ·
Line 1:	
112	
Line 2:	
Line 2: Line 3: Would you like us to notify anyone of	of this gift? If so, how can we reach them?
Line 3: Would you like us to notify anyone of the first Name: Street Address:	of this gift? If so, how can we reach them? Last Name: Apt#
Would you like us to notify anyone of First Name: Street Address:	of this gift? If so, how can we reach them? Last Name: Apt#
Line 3: Would you like us to notify anyone of the first Name: Street Address: City:	of this gift? If so, how can we reach them? Last Name:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address:	of this gift? If so, how can we reach them? Last Name: Apt#State: Zip:
Line 3: Would you like us to notify anyone of the first Name: Street Address: City:	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address: Payment Information Payment can be made by Visa, Master	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip: Card or American Express:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address: Payment Information Payment can be made by Visa, Master of Bill myVisaAMEX	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip: Card or American Express:
Line 3:	
Line 3:	
Line 3: Would you like us to notify anyone of the first Name: Street Address: City:	of this gift? If so, how can we reach them? Last Name: Apt#State: Zip:
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Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address:	of this gift? If so, how can we reach them? Last Name: Apt#State: Zip:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address: Payment Information	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address: Payment Information Payment can be made by Visa, Master	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip: Card or American Express:
Line 3: Would you like us to notify anyone of First Name: Street Address: City: Email Address: Payment Information Payment can be made by Visa, Master	of this gift? If so, how can we reach them? Last Name: Apt# State: Zip: Card or American Express:

For any questions, please contact our Development Office at (203) 315.7684

Mail donations to: The Connecticut Hospice, Inc. 100 Double Beach Rd. Branford CT, 06405