



# Home Care & Hospice

Bethany • Eventide • Knute Nelson

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## Ethos Home Care & Hospice Giving Form

### Donor Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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

### Gift Information

Gift Amount \$\_\_\_\_\_ (attach your cash or check payable to Ethos)

Please invest my gift in:

- Ethos Home Care & Hospice
- Ethos Partners (shared equally)
- Bethany Retirement Living
- Eventide Senior Living

My/Our gift is a tribute gift made:

In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

Notification Address \_\_\_\_\_

\_\_\_\_\_

I/We wish to remain anonymous.

*Your gift is tax deductible. Ethos Home Care & Hospice will acknowledge your gift. Thank you!*