

Gift Agreement

Formerly  Hospice of the Red River Valley



DONOR INFORMATION

Name/Business: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

DONATION INFORMATION

Donation Amount: ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ Other: _____

I/We would like this donation to remain anonymous: ☐ YES ☐ NO

PURPOSE OF GIFT

☐  HIA Hospice™

☐  HIA Heather's House

☐  HIA Primary Care™

TRIBUTE INFORMATION

My gift is in memory of: _____

My gift is in honor of: _____

GIFT NOTIFICATION

Name/Business: _____

Address: _____ City: _____ State: _____ Zip: _____



Thank you for your support of HIA Hospice. If you have further questions, please call us at (800) 237-4629. Please fill out this form. You may enclose your donation and mail it to the following address, OR, use the QR code to donate online.

HIA Hospice
Attn: Philanthropy
3800 56th Ave. S., Fargo, ND 58104

If you have any questions, please contact us at donations@hiahealth.org, or call (800) 237-4629.

Support for our organization may be characterized as a charitable contribution. Consult your tax advisor for specific reporting requirements.

Hospice of the Red River Valley, dba HIA Hospice (HIA Hospice) is a registered 501(c)(3) nonprofit organization. Donations are tax-deductible, as allowable by law.
Red River Valley Health Care, dba HIA Primary Care (HIA Primary Care) is a registered 501(c)(3) nonprofit organization. Donations are tax-deductible, as allowable by law.