

Mesilla Valley Hospice Donation Form

Complete the form below, print it, and mail it with your check or credit card information to:

299 E. Montana
Las Cruces, NM 88005
505-523-4700

Please make your check payable to Mesilla Valley Hospice.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please send an acknowledgement card to:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Credit Card Information:

Name (as it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Company (circle one)

Visa Mastercard Discover American Express

Credit Card #: _____

Signature: _____ Date: _____