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_____ In Memory of _____ In Honor of _____ Contribution

If In Memory or Honor of someone, please complete the following:

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If you would like an acknowledgement of your donation sent to a family member, please include the family member's full name, street address, city, state & zip.

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Mail with your check or money order to:

Villagers for Hospice
11962 CR 101, Ste 302-27
The Villages, FL 32162

Thank you for your donation. All donations are tax deductible.