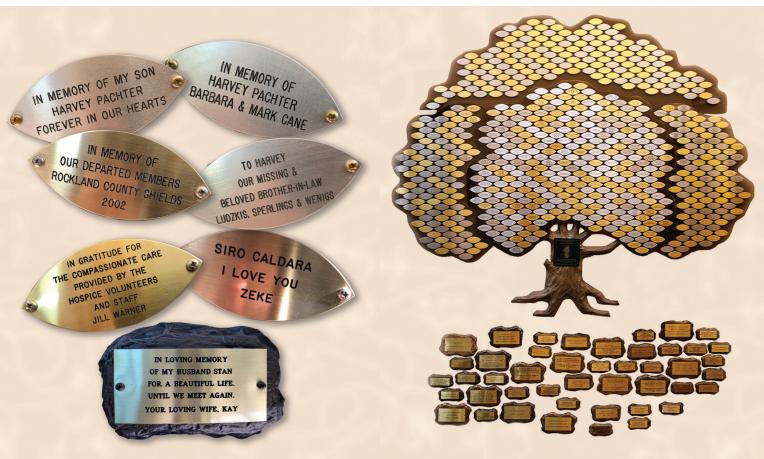
Your gift will make an impactful and meaningful difference in support of the programs and services UH provides to seriously ill patients and their families in our community. *Thank you!*

Kindly mail this form, along with your payment to: United Hospice Harvey A. Pachter Hospice Family Tree

11 Stokum Lane, New City, NY 10956



HARVEY A. PACHTER Hospice family tree



For more information, please contact us. Director of Development 11 Stokum Lane, New City, NY 10956 T: 845.634.4974 • F: 845.634.7549 development@unitedhospiceinc.org



HARVEY A. PACHTER 1943 - 1995

The Tree is a lasting tribute to all those served by Hospice – past, present and future.



HARVEY A. PACHTER Hospice family Tree provides A lasting tribute

The United Hospice (UH) Family Tree was named in memory of Harvey A. Pachter, an active Hospice volunteer for many years. Harvey turned to Hospice for assistance when he himself faced a terminal illness. Harvey's family were profoundly grateful for the care UH provided and made a significant gift to Hospice to permanently name the tree in Harvey's memory. The Tree is a lasting tribute to all those served by hospice – past, present and future.

We invite you to add a leaf or stone to the Harvey A. Pachter Family Tree by making a donation to UH. In recognition of your gift, we will engrave your leaf or stone with a message that is meaningful to you and will remain a part of the tree in perpetuity. I am pleased to support UH with my tax-deductible gift. Please reserve:

- ____ Silver Leaves @ \$250
- ____ Gold Leaves @ \$500
- ____ Small Stones @ \$1,000
- ____ Large Stones @ \$2,500

My inscription should read:

Some suggestions are: In memory of; In honor of; Dedicated to; Donated by; In appreciation of: Please notify the following person(s) of my contribution (include address):

You will receive an acknowledgement upon our receipt of your gift. We will also notify you when your leaf or stone has been completed.

Enclosed is my contribution of \$_____ Check #_____

Payable to: United Hospice, Inc.

□ Visa □ MC □ AMEX □ Discover

Credit Card #_____

Exp. Date:_____ CVV Code:_____ Name as it appears on Card:

Address: _____

City/St/Zip: _____

Phone:_____

Email: _____