Donation

My Donation of $_____ is enclosed

Name: _____

Address: _____

Phone: _____

Email: _____

This gift is in Memory of:

_____

All contributions to Our Hospice are tax deductible to the extent allowed by law.

Purchase Raffle Tickets

Please send me____ Raffle Ticket(s) at $10.00 each for a total of $_____. Grand Prize is $10,000

Tickets may be purchased via Cash, Check or Money Order ONLY

Tickets will be mailed to the listed address.

Must be 18 years of age or older to purchase tickets.

Please return payment in the envelope. Ticket purchase is not tax deductible.
Last day to mail entry form is August 18, 2025.

Drawing will be held live at the Our Hospice Concert.
Winner need not be present to win.

Purchaser Name: _____

Raffle License #006814 ref. 162487

Our HOSPICE

Personal Care | Palliative | Hospice

Return the form with payment to:

Attn: Tabitha Saltzman

Our Hospice of South Central Indiana
2626 17th St
Columbus, IN 47201

For questions email or call Tabitha at
tsaltzman@crh.org
812.314.8000