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Spencer Hospice Foundation
3401 W. Sunflower Ave., Suite 225
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Total Gift Amount: \$ _____

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Please use my gift as follows:

- The Greatest Need
- Public Awareness and Education in End-of-life Care
- Patient Assistant Program
- Bereavement camp for Children and their Families

In memory of: _____

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Send an acknowledgement to: (if gift is an honor or memorial)

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