

## DONOR INFORMATION

Your name \_\_\_\_\_

Spouse/partner name \_\_\_\_\_

Preferred mailing address:

Home  Business

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Email address(es) \_\_\_\_\_

The information you provide will be used for organizational business and will not be released unless required by law. A portion of all gifts is used to defray the costs of administering the funds. All gifts are tax-deductible as prescribed by law.

**Yes, I would like to support Hospice of the Piedmont with a tax-deductible gift/pledge at the following level:**

\$ \_\_\_\_\_

*Gifts of \$1,000 or more qualify for membership in the Piedmont Society.*

*Planned gifts qualify for membership in the Agnes Coburn Society.*

My gift is in memory or honor of someone:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please designate my gift to:

Hospice of the Piedmont's Greatest Need

Hospice House

Grief Services for Families and Children

We Honor Veterans

Music by the Bedside

Supporting Patient Needs

Other: \_\_\_\_\_

## PAYMENT OPTIONS

*Checks may be made payable to Hospice of the Piedmont.*

Full amount enclosed or charge full amount to credit card indicated below

I would like to make payments (up to five years):

Annually  Quarterly  Monthly

My first payment of \$ \_\_\_\_\_

is enclosed

should be charged to the credit card indicated below

other (*please specify*) \_\_\_\_\_

My payments will be made through the following foundation or trust: \_\_\_\_\_

This gift will be matched by my employer, \_\_\_\_\_ and the matching gift form from my employer is enclosed.

I/We wish to remain anonymous.

I will use best efforts to, and fully intend to, satisfy my pledged commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CREDIT CARD INFORMATION

I authorize Hospice of the Piedmont to charge my credit card:

MasterCard  Visa  American Express  Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_