

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

Veterans Services

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 _____