



Hospice & Palliative Care, Inc.



Capital Campaign Pledge Form

DONOR INFORMATION

Donor Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home () _____ Mobile/Office () _____

Email _____

GIFT/PLEDGE INFORMATION

I/we hereby contribute cash and/or assets to **FairHOPE Hospice & Palliative Care, Inc.'s Capital Campaign.**

I/we pledge a **total** of \$_____. Amount enclosed \$_____.

I/we wish to have this donation spread over: 1 2 3 yr(s). Other _____

CONTRIBUTION SUMMARY

I/we plan to make my/our contribution in the form of:

Cash Check Charge Stock Property Other _____

Please charge my credit card: Visa MasterCard

CREDIT CARD: Name on credit card _____
Card #: _____
Exp. Date ___ / ___ Security Code _____ Signature: _____

Please bill me beginning ___ / ___ / ___ and thereafter monthly quarterly annually other _____

My gift will be matched by _____. Matching gift form enclosed. Mailing matching form.

DONOR RECOGNITION (Donors will be recognized in campaign materials unless anonymous gift requested.)

Please list my/our donation in all acknowledgements as _____

I/we wish to remain anonymous.

DONOR SIGNATURE(S) _____

I/we have designated FairHOPE Hospice & Palliative Care, Inc. in my/our Will/Estate Planning.

I/we would like more information about planned giving.

PLEASE MAKE PLEDGES PAYABLE TO: FAIRHOPE HOSPICE & PALLIATIVE CARE, INC.

Mail pledge form in c/o Capital Campaign, 282 Sells Rd., Lancaster, OH 43130.

*FairHOPE Hospice & Palliative Care, Inc. is a 501(c)(3) not for profit organization.
For tax purposes, no goods or services were received in exchange for this contribution.*

Questions? Contact campaign committee at (740) 475-0699.