



HOSPICE of LENAWEE

We Carry Your Heart In Our Heart

Comfort. Compassion. Community

THE CAMPAIGN FOR HOSPICE OF LENAWEE

HOSPICE OF LENAWEE GIFT INTENT

CONTACT INFORMATION

Name(s): _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

PROJECT INFORMATION

(Please mark where to designate your support)

___ Hospice Home

___ Administrative Wing

___ Clinical Area

___ Bereavement Wing

___ Specific Naming Opportunity: _____

GIFT INFORMATION

___ \$50,000

___ \$25,000

___ \$15,000

___ \$10,000

___ \$5,000

___ \$1,000

___ \$500

___ \$250

___ \$100

___ Other: \$ _____

PAYMENT SCHEDULE – Please select one of the following options:

I/We intend to pay in full now in the sum of \$ _____ and have enclosed a check, payable to Hospice of Lenawee.

I/We intend to give the sum of \$ _____ toward the Hospice of Lenawee Campaign over the next 5 years.

I/We hope to follow the schedule below:

\$ _____ in 2012

\$ _____ in 2013

\$ _____ in 2014

\$ _____ in 2015

\$ _____ in 2016

Please send me a reminder during the month of _____.

___ Automatic Checking/Savings Withdrawal: Please deduct \$ _____ per month until written notice is received. (An Electronic Funds Transfer form will be sent to you upon receipt.)

___ Please charge my gift to my _____ VISA _____ Mastercard _____ American Express.

Credit Card # _____ Exp. Date _____

Signature (Required) _____

Contributions are deductible for tax purposes to the full extent of the law. Please make checks payable to Hospice of Lenawee and send to 1903 Wolf Creek Hwy. ~ Adrian, MI 49221. For gifts of securities, please contact Bill Kenyon at 517-263-2323.