

HOSPICE OF LENAWEE GIFT INTENT



HOSPICE of LENAWEE

MAKING YOUR GIFT OF SUPPORT

Complete the Gift Intent Form by selecting your Designation, Type of Donation and Method of Payment.

For additional questions, please contact Hospice of Lenawee at 517-263-2323 and ask for the Director of Development.



HOSPICE of LENAWEE

1903 Wolf Creek, Adrian, MI 49221

www.hospiceoflenawee.org

517-263-2323

Name(s) _____ Today's Date: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I WOULD LIKE TO SUPPORT HOSPICE OF LENAWEE BY DESIGNATING MY DONATION TO THE FOLLOWING:

Operations/
Unrestricted

Hospice Heart
Endowment Fund

Bereavement Programs/
Unrestricted

Kathy Goetz Bereavement
Endowment

General
Endowment

Hospice Home/Residence
On-going support

PAYMENT INFORMATION *Please complete credit card or banking information.*

Pledge – Total: \$ _____
 Monthly Annually

Recurring Gift
 Monthly Annually
(on-going until notification is received)

One Time Gift

Monthly/Annual Amount: \$ _____ Start date: _____ End date *(when applicable)*: _____

CHECK/CASH

Please check one

CREDIT CARD

Credit card number: _____

Security code: _____ Exp. date: _____

ACH *Electronic withdrawal*

Bank name and routing number: _____

Account number: _____

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**

We Carry Your Heart In Our Heart