



2012

Mortgage Burning Campaign

Enhancing and Expanding Services and Programs to Individuals and Families Residing in Washington County

Pledge and Gift Form

Contact Name: _____

Company / Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

___ Enclosed please find our gift payable to **HWC** in the amount of \$ _____

___ We are making a 3 year pledge in the amount of \$ _____ payable in the

following installments: 2012 \$ _____

2013 \$ _____

2014 \$ _____

___ We would like to reserve the following naming opportunity from the included list: _____.

We understand that we will be contacted in the near future to discuss the wording to be inscribed on the plaque to be displayed for our chosen naming opportunity.

___ We would like our gift to be recorded:

In Memory of: _____

In Honor of: _____

Additional Information:

___ We would like information about becoming a volunteer with Hospice of Washington County, Inc.

___ We would like to share our experience with Hospice of Washington County, Inc. with others, please contact us for an appointment.

___ We would like information about Leaving a Legacy and including Hospice of Washington County Inc. in our will, charitable remainder trust, charitable gift annuity or making a gift of appreciated securities.