



2012

Mortgage Burning Campaign

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

Pledge and Gift Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

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

My employer has a matching gift program and I have enclosed the information.

I am making a 3 year pledge in the amount of \$ _____ payable in the following

installments: June 2012 \$ _____

 June 2013 \$ _____

 June 2014 \$ _____

I would like to reserve the following naming opportunity from the included

list: _____.

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

I would like my gift to be recorded:

 In Memory of: _____

 In Honor of: _____

Additional Information:

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

I would like to share my / our experience with Hospice of Washington County, Inc. with others, please contact me for an appointment.

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