

# HOSPICE OF WASHINGTON COUNTY, INC.

## Endowment Donation/Pledge Form

*To sustain our programs, services, and Doey's House*



Name \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### I am interested in the following Naming Opportunity:

- Tree (\$1,000)     1st Responders Room (\$1,000)     Veterans Room (\$1,000)  
 Other opportunities available—contact the Development Office

I/we are making a one-time gift in the amount of  
\$ \_\_\_\_\_

I/we are making a pledge in the amount of  
\$ \_\_\_\_\_

Please charge my credit card for the donation amount.

Name on card \_\_\_\_\_

Credit Card # \_\_\_\_\_

EXP(mm/yy) \_\_\_\_\_ CVC \_\_\_\_\_

Billing address \_\_\_\_\_  
\_\_\_\_\_

***This is a 3–5 year pledge and will follow the payment schedule below:***

To be paid by December 31, 2019 **AMOUNT \$** \_\_\_\_\_

To be paid by December 31, 2020 **AMOUNT \$** \_\_\_\_\_

To be paid by December 31, 2021 **AMOUNT \$** \_\_\_\_\_

To be paid by December 31, 2022 **AMOUNT \$** \_\_\_\_\_

To be paid by December 31, 2023 **AMOUNT \$** \_\_\_\_\_

My/our gift is enclosed payable to:  
**HOSPICE OF WASHINGTON COUNTY**

Signature of Donor(s) \_\_\_\_\_ Date \_\_\_\_\_

*All gifts are tax deductible as charitable contributions in accordance with IRS regulations.*