



Contribution Form

"Thank you for the care and compassion you brought into my grandparents' lives. I realize there are many individuals who receive care from your organization, but please know that you made my grandparents feel like they were the only people that mattered." Granddaughter of a Client

Name _____
Street _____
City _____ State _____ ZIP _____
Phone _____ Email _____

- Please accept my pledge of \$ _____
I wish to pay my pledge over a period of:
- 1 year
 - 2 years
 - 3 years

- Please send me reminders:
- Monthly
 - Quarterly
 - Semi-annually
 - Annually (specify which month) _____

- My gift is in honor/memory of _____
 No notification is necessary.
 Please notify of my gift:

Name _____
Street _____
City _____ State _____ ZIP _____

Your signature _____ **Date** _____

- My check is enclosed (payable to Hospice of Spokane)
- Please charge my credit card (amount: \$ _____)
Account number _____ Exp. _____
Cardholder signature _____

- My employer has a matching gift program.
Business name, address _____

- I am interested in extending my support of Hospice of Spokane through:
- Wills, trusts, life insurance
 - Stock
 - Volunteering
 - Other _____

Please mail your completed form to: Hospice of Spokane, Attn: Development Dept., P.O. Box 2215, Spokane, WA 99210-2215