



Please select the level at which you will be joining:

- Angels' Choir (\$5,000 or more)
- Distinguished Dove (\$1,000 - \$4,999)
- Total amount of your donation (annual commitment): _____
- Family Cornerstone (please send a copy of the document page that mentions Family Hospice)

Payment Schedule:

- Paid in full (by check payable to Family Hospice) or credit card (information included on form)
- Pay in even monthly installments
- Split my monthly payments so that my membership is fulfilled by the end of the calendar year
- ___ I'll pay by check; invoice me ___ Please charge my credit card

Please automatically renew my membership every year until I notify you.

Donor Information (Must match credit card billing address, if paying by credit card)

Name _____

Company/Organization _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Signature _____

Credit Card American Express Discover MasterCard VISA

Card Number _____

Expiration Date _____ Security Code _____

My donation is in:

Memory of _____

Honor of _____

- I wish this gift to remain anonymous to the family if given in memory/honor or someone
- I wish to remain anonymous on publicity materials such as newsletters and website
- I do not wish to have my name included on the plaque

Use my gift for:

- General Fund for patient and family services in your community.
- Angels On Call Fund for immediate and urgent patient needs such as utility bills, air conditioners, home improvement materials, veterinary bills.
- Bereavement Fund for family resources, memorial services, and support groups.
- Carol Sayers Vockel Fund for community and volunteer education.

Comments: _____

All donations are final. No refunds.

Office Use Only. Membership Start Date _____ End Date _____