

**MAKE A GIFT/PLEDGE**

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MY  GIFT  PLEDGE OF \$\_\_\_\_\_ TO HOSPICE IS FOR:  UNRESTRICTED, OR  
FOR  CAMP SUNRISE,  TRANSITIONS,  BEREAVEMENT,  FESTIVAL OF TREES

TOTAL AMOUNT ENCLOSED

\$\_\_\_\_\_ ENCLOSED, WITH THE BALANCE TO BE PAID:  MONTHLY,

QUARTERLY, OR  SEMI-ANNUALLY

**PLEASE MAKE CHECKS PAYABLE TO HOSPICE OF REDMOND-SISTERS  
YOUR GIFT IS TAX DEDUCTIBLE**

CHARGE MY GIFT TO:  VISA  MASTERCARD

CARD# \_\_\_\_\_ EXPIRES: \_\_\_\_\_

MY GIFT IS IN MEMORY OF \_\_\_\_\_ OR  
(PLEASE PRINT NAME)

IN HONOR OF \_\_\_\_\_  
(PLEASE PRINT NAME)

I WOULD LIKE THIS NAME ENGRAVED ON A:  BRICK,  STONE,  PLAQUE

PLEASE NOTIFY THE FOLLOWING INDIVIDUAL(S) OF MY GIFT:

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

I WOULD LIKE INFORMATION ABOUT BECOMING A HOSPICE VOLUNTEER.

\_\_ I WOULD LIKE INFORMATION ABOUT YOUR PLANNED GIVING AND BEQUEST PROGRAMS.