

Make a Gift Using a Bank Draft

Authorization Agreement for Electronic Gift Payments

Please complete this form, sign it, and mail it to the address below. If you have questions, call Monica Laidlaw in the development department at (434) 817-6900.

Hospice of the Piedmont
ATTN: Development Department
675 Peter Jefferson Parkway, Suite 300
Charlottesville, VA 22911

Your Information:

Name _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Cell Phone _____ Email _____
 This is a joint gift. Please also credit (Name) _____
 I wish to make this gift anonymously (we will not publicize your name in donor recognition honor rolls)
My gift is in memory of honor of : _____(Name)

Total Contribution \$ _____

Payment Frequency:

I/We wish to make monthly gift payments of \$ _____ (each), posting to my/our account for a period of (check one):
 6 months 12 months 24 months 36 months until I request that you stop until total contribution amt. is reached

Your gift deductions will begin in the following month after this initial authorization has been processed. Deductions will take place on or about the 1st or 16th (pick one) day of each month. Your monthly bank statement will itemize the drafts when they occur. Gift receipts will be issued quarterly by Hospice of the Piedmont reflecting the total of your donations in that time period.

Please apply my gift to the following purpose:

Hospice Services Transitions Pre-Hospice Bereavement Journeys Hospice House Endowment
 Piedmont Palliative Care Use where the need is greatest

Bank Authorization:

I/We authorize Hospice of the Piedmont to initiate debit entries to my/our bank account established at:

Financial Institution _____
Address/Branch Office _____
City _____ State _____ Zip _____
Transit/ABA Number _____ Account Number _____
Type of Account Checking Savings **PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP**

Matching gift:

Gifts to Hospice of the Piedmont through employer matching gift programs are credited to the donor. To find out if your company or your spouse's company matches gifts, contact your company's human resources department.

Does your company match gifts? Yes No Matching gift company name: _____
 I have enclosed my employer's matching gift form.

Authorization:

This authorization will remain in full force and effect until Hospice of the Piedmont has received written notification from me (or either of us) of its modification or termination in such time and in such manner as to afford Hospice of the Piedmont a reasonable opportunity to act on it.

Signature _____ Date _____
Signature, if Joint Account _____ Date _____

Thank you for your gift.