

Hospice of the Piedmont
Monthly Sustainer Circle Application

Ensure compassionate care for the terminally ill in your community without ever writing another check!

Please fill out this application and mail to Hospice of the Piedmont.



Name(s): _____
Include spouse if both should receive gift credit.

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

675 Peter Jefferson Pkwy, STE 300
Charlottesville, VA 22911
www.hopva.org

I/We authorize Hospice of the Piedmont to automatically transfer my/our donation of \$_____ from my/our checking account or credit card on the 15th of each month, starting in _____ (month). I/We make these gifts in memory of: _____. Complete the appropriate box below to indicate your preference. Let us know if you want to support a specific program with your gifts.

Checking Account (please enclose one of the following):

- Check for your first monthly gift
- A blank voided check

OR

Credit/Debit Card (please select one of the following):

- VISA
- American Express
- MasterCard
- Discover

This option avoids credit card fees so that more of your gift supports hospice services.

Card # _____
Expiration Date _____

Signature: (required) _____ Date: _____

Gift transfers will occur on or near the 15th of each month. This authorization will remain in effect until I notify Hospice of the Piedmont that I wish to change my contribution. I can do so at any time.

- I/We wish to remain anonymous (i.e., my name will not be included in society listings)
- My employer matches my gifts. Contact me for information.
- I/We have included Hospice of the Piedmont in my/our will or estate plan.
- Mailing preferences (since Sustainers are already giving monthly, you will not receive any solicitations unless you choose a different option below. Sustainers receive the newsletter.)
 - I/We want to continue receiving *all* mailings about opportunities to support the hospice cause.
 - I would like to receive information about the *Dining Around the Area* program and Memorial Illumination, once a year, but no other solicitations.



Monthly Sustainer Circle Receipt

Keep this portion for your records.

Amount of my/our monthly gift \$_____ by:
 Checking Account Credit/Debit Card

Gift transfers will occur on or near the 15th of each month.

Thank you for your generosity!

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Hospice of the Piedmont will provide a year-end summary of your gifts. Automatic gifts will appear on your bank or credit card statements. You may cancel or change your membership at any time by contacting Hospice of the Piedmont's Development Office. All gifts are tax deductible to the extent allowed by law. Tax ID# 52-1205921. All donor financial information is confidential and secure. We never sell or share donor information with other organizations.