

## Yes, I/we want to support Seasons Hospice.

Donor Name/s \_\_\_\_\_

(As you wish to be listed in our publications)  I/we wish to remain anonymous

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Please accept my gift of:  \$1,000  \$500  \$250  \$100  \$50  other \$ \_\_\_\_\_

Gifts of \$1,000 or more may be paid in two or four installments in a calendar year.

Please check the appropriate box and you will be billed accordingly:  quarterly  biannually

My check is enclosed (Please make payable to Seasons Hospice)

Please charge my pledge of \$25 or more to:

Visa  Mastercard  Discover  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

### I want my gift to fund:

whatever is needed most  endowment fund

patient care grant  veterans care grant

bereavement support  music therapist

My gift is:  in memory of:  in honor of:

\_\_\_\_\_

Please send an acknowledgement of my gift to:  
(No amount is mentioned)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### My employer's matching gift form:

is enclosed  will be mailed

Please help us maximize corporate support  
by providing your employer's name.

\_\_\_\_\_  
 I have remembered Seasons Hospice in  
my will.

Please send me information on bequests,  
life income agreements, and planned  
giving options.

Please send me information on the *Circle  
of Remembrance* Granite Paver Memorial  
program.

All gifts are tax-deductible and will be acknowledged by letter and receipt.

Seasons Hospice is a Minnesota non-profit organization and has a 501(c)(3) tax exempt status with the IRS.

*Seasons Hospice...adding quality of life to each day*