

# Give us room to care.

Please complete and print form, and send to address below or fax to (515) 274-1137.

On any given day, patients may be turned away because there's no room for them. Won't you help us make room through your pledge and support? At the new Bright Kavanagh House, 500 more patients each year will receive around-the-clock care and find quality of life at the end of life.

I/we agree to contribute \$\_\_\_\_\_ to the *Lasting Memories* campaign.

Signature(s)\_\_\_\_\_ Date\_\_\_\_\_

Signature(s)\_\_\_\_\_ Date\_\_\_\_\_

**Note:** Gifts of \$1,000 or more will be permanently recognized at The Bright Kavanagh House.

If applicable, please specify how you would like your name inscribed.

Please print your name(s), address, phone and email below.

Please complete information on both parts of pledge form.

Name(s)\_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Gift Options

### By check

My one-time donation of \$\_\_\_\_\_ is enclosed (payable to Hospice of Central Iowa Foundation).

### By credit card

I want to give my gift by credit card.  Visa  MasterCard  Discover

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

One-time amount \$\_\_\_\_\_

or \$\_\_\_\_\_ per month for 12 / 24 / 36 months (circle one).

or \$\_\_\_\_\_ per quarter for 1 / 2 / 3 years (circle one).

Signature\_\_\_\_\_

### By bank automatic debit

Please debit my bank account for \$\_\_\_\_\_ per month for 12 / 24 / 36 months (circle one).

(We will send you a form to complete and return.)

### By invoice

Please bill me \$\_\_\_\_\_ (amount per invoice).

Quarterly  Semiannually

Annually for 1 / 2 / 3 years (circle one).

### Company Match

My company will match my gift and the appropriate form is enclosed.

### This gift is in

memory of  honor of  I prefer my gift to remain anonymous

