



**Capital Campaign
Pledge Agreement**

In support of the Home Hospice Care Campaign, it is my/our intention to make a total gift in the sum of \$ _____ over the period of _____ (1-5 years) years beginning _____ (month, year).

Today's Gift \$ _____

Pledge \$ _____

Total Gift \$ _____

I/We intend to make scheduled payments:

- Annually
 Semi-Annually
 Quarterly
 Monthly

In the form of:

- Check
 Stock
 Other _____

We would like the opportunity to acknowledge your generosity in future publications. Please check the appropriate box that will allow us to add your name to our list of supporters.

- Yes, please list my/our name as:

- I/We prefer to remain Anonymous.

Donor Information (please print):

Name(s)

Address

City

State

Zip

Home/Mobile Phone

Work Phone

Email

Signature(s)

Date

Representative accepting on behalf of Hospice of Southern Maine

Date

Checks should be payable to Hospice of Southern Maine. For stock gifts, please call 207-289-3640.

Please return to: Hospice of Southern Maine, 390 US Route One, Scarborough, ME 04074

Telephone: (207) 289-3640 · Fax: (207) 883-1040 · www.hospiceofsouthernmaine.org