

ANNUAL MEMBERSHIP

Thank you for your generosity. Your contribution will assist in providing patient care for terminally ill patients in greater San Joaquin County.

Yes, I am/we are pleased to join Hospice of San Joaquin as an Annual Member

Please Print

Gift is anonymous; please do not publish my name.

Member Name(s): _____

Address: _____

City, Zip: _____

Phone: _____ Email: _____

Membership Opportunities

- Friend of Hospice..... \$ 6,000
- Guardian..... \$ 3,000
- Benefactor\$1,200
- Patron\$ 600
- Sponsor\$ 300
- Sustaining Donor\$ 120
- Donor\$ 50
- Supporter\$ 25
- Other\$ _____

Membership will be paid with:

- Installment(s) of \$ _____ Monthly Quarterly
- Send automatic Installment Withdrawal Authorization form.
- One time payment
- A check, payable to Hospice of San Joaquin, is enclosed for \$ _____
- Please charge my donation for \$ _____ to:
 - MasterCard Visa Am Ex Discover
 - Credit Card #: _____ Exp. Date: _____
 - Signature: _____ Date: _____

For on-line Annual Membership:

www.hospicesj.org/donations_com_support/donations/annual_membership.html

I/We wish to make a gift (optional)

In memory of or In honor of: _____

Without specifying the amount, please send a notice of my gift to spouse child other:

Name: _____

Address: _____ City/State/Zip: _____

Matching Gifts: *Please check with your employer. Send the employer's completed form with your gift and we will do the rest!*

- I/We have included Hospice of San Joaquin in my/our will or estate plans.
- Please note my/our change of address.
- Please do not send mail to me/us in the future.
- Please do not publish my/our name(s).

Please send information about (check all that apply)

- Wills, trusts, and estate planning Volunteer opportunities Vehicle donations
- Eligibility for hospice care Bereavement support

Gifts Payable to:

Hospice of San Joaquin, 3888 Pacific Avenue, Stockton, CA 95204

Hospice of San Joaquin, 3888 Pacific Avenue, Stockton, CA 95204
Phone (209) 957-3888 • www.hospicesj.org
Thank you!