

# HOSPICE OF SAN JOAQUIN ANNUAL MEMBERSHIP FORM

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

**ANNUAL MEMBERSHIP** – choices include annual, quarterly or monthly installments\*

**Yes, I am/we are pleased to join Hospice of San Joaquin as an annual member:**

- |                                                           |                                                              |                                                       |
|-----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Friend of Hospice. . . . \$5000+ | <input type="checkbox"/> Benefactor. . . . \$1,000 - \$4,999 | <input type="checkbox"/> Patron. . . . \$500 - \$999  |
| <input type="checkbox"/> Sponsor. . . . \$250 - \$499     | <input type="checkbox"/> Donor. . . . \$100 - \$249          | <input type="checkbox"/> Supporter. . . . \$50 - \$99 |
| <input type="checkbox"/> Sustaining. . . . \$25 - \$49    | <input type="checkbox"/> Other. . . . \$ _____               |                                                       |

**MEMBER NAME** (Please Print): \_\_\_\_\_  
Required for accounting records and as you wish to be listed in the Honor Roll of Annual Members  
\_\_\_ I/we do not wish to have our names listed in print.

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

- Installments (first payment enclosed) \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Annually (1, 2, or 3 years)
- Check enclosed *or*  Please charge my donation to \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AmEx \_\_\_ Discover
- Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

For on-line Annual Membership using Credit Card: [www.hospicesj.org/Donations & Support/Annual Membership](http://www.hospicesj.org/Donations & Support/Annual Membership)

**MEMORIAL/TRIBUTE** (optional)

- In Memory of \_\_\_\_\_  In Honor of \_\_\_\_\_
- Please send notification of this Memorial/Tribute gift to:

Name **(Please Print)**: \_\_\_\_\_

Address: \_\_\_\_\_

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

Gifts Payable to: **Hospice of San Joaquin, 3888 Pacific Avenue, Stockton, CA 95204**  
**(209) 957-3888**  
**THANK YOU!**

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**MATCHING GIFTS:** Please check with your employer. Send the employer's completed form with your gift and we will do the rest! Some companies also match gifts made by retirees and/or spouses.

- Please send information on wills, trusts and estate planning.  Please send information on volunteer opportunities.
- Please send information about making a vehicle donation.  Please note my/our change of address.