

Membership Form

Thank you for your generosity.

Your Annual Membership will assist patients access *the next level of care* when quality of life matters. With your help, Hospice of San Joaquin provides medical care to patients, compassionate support to families and is a resource to the continuum of care at the health care industry.

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:

Please Print

Member Name(s): _____	
<small>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 my/our name(s) listed in print.</small>	
Address: _____	
City, Zip: _____	
Phone: () _____	Email: _____

Membership Opportunities

- Friend of Hospice..... \$ 5,000
- Guardian..... \$ 2,500
- Benefactor \$1,000
- Patron \$ 500
- Sponsor \$ 250
- Sustaining Donor \$ 100
- Donor \$ 50
- Supporter \$ 25
- Other \$ _____

Installments (first payment enclosed)*

- Monthly
- Quarterly
- Annually (circle 1, 2, or 3 years)

- Check Enclosed or
- Please charge by donation to
 - MasterCard Visa
 - Am Ex Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

Memorial / Tribute (optional)

In Memory of: _____

Relationship to deceased: _____

In Honor Of: _____

Relationship to honoree: _____

Please send notification of this gift to (Please print):

Name: _____

Address: _____ City, Zip _____

For on-line Annual Membership using Credit Card: www.hospicesj.org/donations_com_support/donations/annual_membership.html

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 named Hospice of San Joaquin in my/our will or estate plans.
- Please send information on wills, trusts, and estate planning.
- Please send information on vehicle donations.
- Please send information on eligibility for hospice care.
- Please send information on volunteer opportunities.
- Please note my/our change of address.
- Please remove me/us from your mailing list.
(Complete donor information above to insure accurate removal.)

Gifts Payable to: Hospice of San Joaquin, 3888 Pacific Avenue, Stockton, CA 95204
Phone (209) 957-3888 • Fax (209) 957-3986 • www.hospicesj.org Thank you!