

***HOSPICE HOUSE. . . .a place like home***

**HOSPICE OF SAN JOAQUIN, HOSPICE HOUSE CHARITABLE FUND**

The *Hospice House*, the first in the County, is the most recent and visible accomplishment of over 20 years of community support and volunteer work with the dying and the bereaved. Your gift makes you a partner in the delivery of care to the patients of Hospice House.

*Thank you for your generosity.  
Your contribution to the **Hospice House Charitable Fund** will assist in caring for our patients.*

**I am/we are** pleased to state my/our intention to make a gift to Hospice of San Joaquin. This gift is designated to **Hospice House Charitable Fund**, to support patient care in the first residential hospice in San Joaquin County.

DONOR NAME: \_\_\_\_\_  
**Print** as you wish name to appear in the HOSPICE HOUSE BOOK OF DONORS

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

City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name: (only if different than donor name above) \_\_\_\_\_ Phone \_\_\_\_\_

& (Optional) *IN MEMORY OF* \_\_\_\_\_  
**Print** as you wish name to appear in the HOSPICE HOUSE BOOK OF DONORS

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**Please select one of the gift levels below:**

- |           |                  |                       |
|-----------|------------------|-----------------------|
| ___ \$25  | ___ \$249        | ___ \$1,000 - \$4,999 |
| ___ \$50  | ___ \$250- \$499 | ___ \$5,000           |
| ___ \$100 | ___ \$500- \$999 | ___ \$10,000          |

*and your preferred method of contribution*

- Installments (first payment enclosed)  
    \_\_\_ monthly \_\_\_ quarterly \_\_\_ semi-annually \_\_\_ annually (1,2, or 3 years)
- Check enclosed *or*
- Please charge my donation to  Mastercard  Visa  AmEx  Discover
- Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

**MATCHING GIFTS:** Many employers sponsor matching gift programs and will match charitable contributions made by their employees. If your company is eligible, request a matching gift form from your employer, and send it completed and signed with your gift. Your gift to Hospice of San Joaquin may be doubled or possibly tripled! Some companies also match gifts made by retirees and/or spouses.

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- Please send me information on wills, trusts and estate planning.  
 Please send me information on volunteer opportunities.

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 \_\_\_\_\_

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***THANK YOU!***

Gifts Payable to: Hospice of San Joaquin Hospice House, 3888 Pacific Avenue, Stockton, CA 95204