

Offering Community, Comfort & Compassionate Care at Life's End

# Gift Intention/ Pledge Form

I/we plan to give a total intended gift of

\$

O to support Solace Friends' operations/programming

O to support our Home at Last Capital Campaign.



## YOUR NAME(S):

Please print names as you would like them to appear in donor lists. O I wish to remain anonymous—do not publish.

## TIMING OF GIFT:

- O A one-time gift: intended to be made by (mm/dd/yyyy) / /
- Payments over time: <sup>\$</sup>\_\_\_\_\_ □ annually □ quarterly □ monthly for \_\_\_\_\_ years (up to 5) starting (mm/dd/yyyy) \_\_\_/\_/\_\_\_\_
- Please send reminders via:
  □ Email or □ post
  - $\Box$  No reminders–I will automate payments.

#### HOW WOULD YOU LIKE TO MAKE YOUR GIFT? (CAN BE MORE THAN ONE)

- **Check** (please make your check to Solace Friends, Inc.)
- O Credit Card/PayPal: My donation was/will be made online on date: (mm/dd/yyyy) // //
- Donor Advised Fund Disbursement (see: https://www.solacefriends.org/you.html#donor)
- Tribute Gift: I/We are making this gift in
  □ honor
  □ celebration
  □ memorial of:

Name:

□ Please send notification of this gift to: Address:

• **Matching Gifts:** This qualifies for a matching gift from my employer: (identify employer below)

Name:

 Legacy Gift: I/we would like information about including Solace Friends in our gift plans.

-over-

## **MY CONTACT INFORMATION:**

Name	S	):
------	---	----

Address:

Phone: (best contact number)

Email:

 Please add me to your mailing list to receive updates about Solace Friends.

## **MAKE IT OFFICIAL:**

Signature(s)

Date (mm/dd/yyyy)

# If you wish to make a change to your gift or continue gift discussions, please contact either of our Fund-raising Committee Co-chairs:

Lynn Breedlove:	lynn.breedlove@solacefriends.org	(608) 577-0468
Joan Karan:	joan.karan@solacefriends.org	(608) 347-9146

#### Please mail this completed form to:

Solace Friends, Inc. PO Box 5587 Madison, WI 53705-5587

### THANK YOU FOR YOUR COMMITMENT TO THE MISSION

**OF SOLACE FRIENDS!** Solace Friends, Inc. is a 501(c)(3) tax-exempt organization. All contributions to Solace Friends are tax deductible to the extent allowed by the law.

### For more details, please visit our Web site at: www.solacefriends.org

<b>OFFICE USE:</b>
--------------------

Date received: / /

Date entered: / /

Donate online:





Offering Community, Comfort & Compassionate Care at Life's End

www.solacefriends.org (608) 843-8191 infoesolacefriends.org P.O. Box 5587 Madison, WI 53705