



SUPPORT HOSPICE OF SANTA CRUZ COUNTY

Your investment in Hospice of Santa Cruz County enables us to provide comfort, support, and tender care to people in their final months and days of life. As a non-profit organization we cannot do this important work without you. Please invest with your heart, join one of our caring circles today.



Angel Circle

Angel Circle members help sustain and expand our ability to meet the community's needs by investing \$1,000+ *annually* for three years.

Yes! I/we wish to become a member/renew my membership to the Angel Circle.

Please complete the following enrollment form for membership.

DONOR INFORMATION

Name (s) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____

Email _____

Preferred method of communication: Mail Phone Email

Continued on next page.



Angel
Circle

ENROLLMENT FORM

PLEDGE PAYMENT SCHEDULE

To fulfill my/our 3-year pledge, I/we would like to donate:

1 gift of \$ _____

3 annual gifts of \$ _____, made **annually** in the month of _____

36 monthly gifts of \$ _____, made **monthly** on the 1st of each month.

I/we wish to start our contributions on: _____

PAYMENT METHOD (please check one)

All donations are tax deductible. Tax ID#942497618

Check Mail to: Hospice of Santa Cruz County, 940 Disc Drive, Scotts Valley, CA 95066

Credit Card: Visa Mastercard American Express

Name on card _____

Card # _____ Exp _____

Stock If Securities are held in certificate form, please contact Kevin Newhouse at Morgan Stanley (831) 440-5276 to arrange for deposit of shares. If securities are being held in a brokerage account, please provide the following information to your broker.

Morgan Stanley
Attn: Kevin Newhouse
831 440 5276
6004 La Madrona Drive
Scotts Valley, CA 95060
DTC#0015
Account Number: 136-106889-027

Important! Please notify Jennifer Drummond at jdrummond@hospicesantacruz.org or 831 430 3082 with the following information.:

Name of the Stock: _____

Number of Shares: _____

Approximate Value: _____

ANGEL RECOGNITION

You may recognize me/us as Angel(s) in Hospice publications. My/our name should appear as:

I/we prefer my/our Angel Circle membership **remain anonymous**.