



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.



Circle of Care

Circle of Care members help support compassionate care every day of the year by making an ongoing *monthly* commitment in any amount.

Yes! I/we would like to join the Circle of Care and give monthly.

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.



ENROLLMENT FORM

Thank you for partnering with us as a Circle of Care member. Here are some of the ways being a part of the Circle of Care is awesome:

1. **Convenience:** Choose your monthly contribution amount and never write another check. You can alter the amount or cancel at any time. (If you'd prefer to pay by check, we can do that, too.)
2. **Efficiency:** No added mailings. No reminders. Your donations will automatically be charged to your debit/credit card. You'll receive one receipt at the end of the year.
3. **Effectiveness:** Your steady stream of donations provides consistent, reliable support for those who need it, every day of the year.

Contact Gayle Bensusan email gbensusan@hospicesantacruz.org phone 831 430 3086 fax 831 430 9081

PLEDGE PAYMENT SCHEDULE

I/we wish to donate the amount below on a monthly basis:

- \$75/month**
- \$40/month**
- \$25/month**
- \$15/month**
- Other amount:** \$ _____
-

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 Discover

Name on card _____

Card # _____ Exp _____

CIRCLE OF CARE RECOGNITION

- You may recognize me/us** as Circle of Care members in Hospice publications. My/our name should appear as:

- I/we prefer my/our Circle of Care membership **remain anonymous.**

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