



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 nonprofit 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 a minimum of \$1,000+ *annually* for three years. Consider becoming a **Perpetual Angel** and pledge your gift of \$1,000+ annually in perpetuity.

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

Commitment: **Three-Year** **Perpetual Angel**

Giving Level:

Angel\$1,000/year

Guardian Angel\$2,500/year

Pediatric Angel\$5,000/year

Please complete the following enrollment form for membership.

DONOR INFORMATION

Name(s) _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____

Email _____

Preferred method of communication: Mail Phone Email

This gift is given: In Memory of In Honor of _____

My relationship to person listed above _____

Continued on next page.



Angel
Circle

ENROLLMENT FORM

PLEDGE PAYMENT SCHEDULE

To fulfill my/our 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 my/our contributions on: _____

PAYMENT METHOD (please check one)

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

Credit Card: Visa Mastercard American Express

Name on card _____ Date _____

Card # _____ Exp _____

Stock If Securities are held in certificate form, please contact Kyle Coulter at Morgan Stanley 831 440 5203 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: Kyle Coulter
831 440 5203
6004 La Madrona Drive
Scotts Valley, CA 95060
DTC#0015
Account Number: 136-106889-027

Important! Please notify Sigfrid Garman at
sgarman@hospicesantacruz.org or 831 430 3084 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 of Santa Cruz County publications.

My/our name should appear as:

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