

SUPPORT HOSPICE OF SANTA CRUZ COUNTY

Your investment in Hospice of Santa Cruz County enables us to provide support to all people of all ages through the journey of serious illness and grief, ensuring that no one walks this path alone. 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 members nelp s	sustain and expand our ability to
meet the community's needs	by investing a minimum of \$1,000
annually for three years. Con	sider becoming a Perpetual Ange
and pledge your gift of \$1,00	0+ annually in perpetuity.
☐ Yes! I/we wish to become a	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
☐ Guiding Angel	\$5,000/year

Please complete the following enrollment form for membership.

DONOR INFORMATION

Name(s)	Date	
Address		
	_ State Zip	
	Phone (cell)	
Email		
Preferred method of communication:	☐ Phone ☐ Email	
This gift is given: ☐ In Memory of ☐ In Honor of		
My relationship to person listed above		

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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. Important! Please notify Sigfrid Garman at Morgan Stanley Attn: Kyle Coulter sgarman@hospicesantacuz.org or 831 430 3084 with 831 440 5203 the following information: 6004 La Madrona Drive Scotts Valley, CA 95060 Name of the Stock _____ DTC#0015 Number of Shares Account Number: 136-106889-027 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**.