

## Hospice Women of Giving Membership Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Month: \_\_\_\_\_

Communication Preference:  Phone  Email  Regular Mail

Specific Hospice Experience or History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your interest in serving on Hospice Women of Giving Committees:

Membership  Yes  No      Education  Yes  No

Project Review  Yes  No

May we publish your name?  Yes  No

I wish to join and make my annual tax-deductible contribution of \$500.

I wish to join as a junior member (two year maximum) and make my annual tax-deductible contribution of \$250.

Check enclosed (made payable to: Good Shepherd Hospice)

Please bill me

Charge my annual contribution to (check one):

Visa  MasterCard  Discover  American Express

Monthly  Quarterly    Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name (please print)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

Your tax deductible gift may be a paid in one lump sum or as a recurring gift. All gifts may be paid through cash, personal check, credit card or a gift of stock or other securities.

Please mail this application along with your annual tax-deductible contribution to:

Good Shepherd Hospice  
3470 Lakeland Hills Boulevard • Lakeland, FL 33805  
863-616-2363 • [www.chaptershealth.org](http://www.chaptershealth.org)