



FRIENDS of HOSPICE

Holding Our Community

Holmes Park House Pledge Form

Donor Name(s): _____

Address: _____
Street Address City State Zip

Phone: _____ E-mail: _____

I/we pledge to Southern Oregon Friends of Hospice the sum of \$_____ to be paid in _____ (monthly/quarterly/annual) installments of \$_____ for the next _____ years starting on _____ **or** on the following schedule:

\$ _____ Enclosed
\$ _____ Balance
\$ _____ by _____ 20____
\$ _____ by _____ 20____

Please make checks payable to:

Southern Oregon Friends of Hospice
PO Box 1182, Ashland OR 97520

We request that your pledge be paid in full two years from the date of this signed pledge form.

This gift is in the form of:

- Cash
 Other Assets (e.g. marketable securities – please specify) _____

I/we know that plans are being made and money is being spent based on the expectation that I/we will pay this pledge in the way I have described.

I would like to name: _____ in honor of _____
Plaque/sign should read as follow: _____

I/we would prefer to make this gift anonymously

Signature: _____ Date: _____

Signature: _____ Date: _____

Southern Oregon Friends of Hospice is a 501(c)(3) organization The Federal Tax ID number of Southern Oregon Friends of Hospice is #94-3453606. Your donations are tax deductible as allowable by law.