Pledge Agreement

Hospice of Southern Maine
Home Hospice & Gosnell Memorial Hospice House

In support of Hospice of Southern Maine's 20th Anniversary campaign for general operations and improvements to Gosnell Memorial Hospice House, I/we intend to make a total gift in the sum of $_____ over a period of ____ years beginning _____(month, year).

Total Amount of Gift $_____

Initial Payment $_____

Balance $_____

I/we intend to make scheduled payments:

☐ Annually ☐ Monthly ☐ Other _____

In the form of:

☐ Check ☐ Stock ☐ Other _____

We would like the opportunity to acknowledge your generosity in future publications. Please check the appropriate box that will allow us to add your name to our list of supporters.

☐ Yes, please list my/our name as:

_____

☐ I/We prefer to remain Anonymous.

Donor Information (please print):

_____
Name(s)

_____
Address

_____
City State Zip

_____
Home/Mobile Phone Work Phone Email

_____ _____

_____ _____
Signature(s) Date

_____ _____
Representative accepting on behalf of Hospice of Southern Maine Date

Checks should be payable to Hospice of Southern Maine. For stock gifts, please call 207-289-3669.
Please return to: Hospice of Southern Maine, 390 US Route One, Scarborough, ME 04074
Telephone: (207) 289-3640 · Fax: (207) 883-1040 · www.hospiceofsouthernmaine.org

10/5/2023