

THE *Lotus* SOCIETY



YES, I WOULD LIKE TO BECOME A MEMBER OF THE LOTUS SOCIETY

_____ THE GIFT OF SUPPORT • \$1,000 a year for 5 years.

_____ THE GIFT OF COMFORT • \$5,000 a year for 5 years.

_____ THE GIFT OF CARE • \$10,000 a year for 5 years.

I WOULD LIKE TO CONTRIBUTE IN OTHER WAYS

A GIFT OF \$ _____ FOR _____ YEARS.

PLEASE CONTACT ME, I HAVE OTHER THOUGHTS TO SHARE.

PAYMENT

_____ MY CHECK IS ATTACHED, MADE PAYABLE TO **HOSPICE OF LANSING**

_____ PLEASE CHARGE MY CREDIT CARD.

CARD # _____ EXP. _____ CSC _____

_____ PLEASE CONTACT ME ABOUT PAYING MY PLEDGE WITH A GIFT OF STOCK OR FROM MY IRA.

_____ PLEASE CONTACT ME ABOUT MAKING AUTOMATIC MONTHLY PAYMENTS THROUGH MY BANK OR CREDIT CARD.

_____ MY COMPANY WILL MATCH MY GIFT.

We will send out a reminder for your annual gift, unless you request otherwise.

SIGNATURE: _____ DATE: _____

PLEASE LIST MY/OUR NAME(S) AS FOLLOWS

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL _____

YES, I HAVE A CURRENT LOTUS SOCIETY PLEDGE. I WOULD LIKE TO

_____ ADD _____ MORE YEARS TO MY CURRENT MULTI-YEAR PLEDGE.

_____ INCREASE MY FINANCIAL COMMITMENT BY \$ _____ FOR _____ YEARS.

_____ PAY OFF MY EXISTING PLEDGE IN FULL AND INCREASE TO \$ _____ FOR _____ YEARS.

_____ PAY MY ANNUAL PLEDGE AMOUNT TODAY. (PAYMENT ATTACHED OR INDICATED ABOVE)

_____ PLEASE CONTACT ME. I HAVE OTHER THOUGHTS TO SHARE.

_____ PLEASE TELL ME HOW I CAN LEAVE A LEGACY AND HELP FUTURE GENERATIONS EXPERIENCE THE CARE, COMFORT AND SUPPORT NEEDED AT THE END-OF-LIFE THROUGH MY WILL OR ESTATE PLAN.

HOSPICE OF LANSING | STONELEIGH RESIDENCE

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