

YES, I WOULD LIKE TO SUPPORT HOSPICE OF LANSING, STONELEIGH RESIDENCE, AND IONIA AREA HOSPICE.

**Become a member of The Lotus Society through:**

- 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:**

- The Gift of Choice** A gift of \$\_\_\_\_\_ for \_\_\_\_\_ years.
- Please contact me, I have other thoughts to share.

**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 to help other experience end-of-life care through my will or estate plan.

**PLEASE LIST MY/OUR NAME(S) AS FOLLOWS:**

NAME		ORGANIZATION	
ADDRESS			
CITY		STATE	ZIP
DAY PHONE	EVENING PHONE	EMAIL	

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

- My check is enclosed, 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

