



Napa Valley Hospice
& Adult Day Services

LEGACY OF COMPASSION CAMPAIGN GIFT FORM & LETTER OF INTENT

I/we are happy to support the Legacy of Compassion Campaign for Napa Valley Hospice & Adult Day Services.

- I/we enclose a contribution of \$ _____
- I/We pledge payments of:

AMOUNT TO BE PAID	DATE(s) BY WHICH PAYMENT(s) WILL BE MADE
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- I/We would like to charge this gift: ___ VISA ___ MasterCard ___ AMEX ___ Discover

Card# _____ Exp. Date: _____ {3-4 digit # on the back of card} _____

- I/We would like to make this gift thru a transfer of stock:

Please contact Joanne Sutro, Director of Development, at 707-258-9084, ext. 202, for transfer instructions.

PLEASE MAKE CHECKS PAYABLE TO: Napa Valley Hospice & Adult Day Services

- Please recognize this gift ___ In Memory of: ___ In Honor of: _____
(Name—please print)

Please acknowledge my/our name in all publications as: _____
(Please print)

- Instead, I/we wish to be listed as anonymous

DONOR:

Date: _____ Signature(s) _____

Napa Valley Hospice & Adult Day Services:

Date: _____ Signature: _____

Your Name(s) (please print): _____

Preferred Mailing Address: _____
Street City/State Zip

Phone: _____ Office Home Email: _____

Please return signed copy to: 414 South Jefferson Street, Napa, CA 94559 707-258-9080 707-258-9096 fax

Thank you for your support!