



Building the Dream

Capital Campaign Pledge Card

I/We would like to support the Campaign for the Inpatient Facility
in the amount of: \$ _____.

___ Cash/Check/Credit Card ___ Pledge over ___ year(s) ___ Stock/Securities ___ Other

Name _____

Address _____

Phone (_____) _____ Email _____

My check in the amount of \$ _____ is enclosed

Please charge my Visa MasterCard American Express card: \$ _____

Card number _____ Exp _____ CVV code _____

Name as it appears on card _____

(PLEASE PRINT NAME)

Signature _____ Date _____

All gifts to this campaign for East End Hospice are tax-exempt to the full extent permitted by Federal and State regulations.

Please make gifts payable to East End Hospice, Inc., and mail to PO Box 1048, Westhampton Beach, NY 11978.