



**SOLACE  
FRIENDS**

Offering Community, Comfort  
& Compassionate Care at Life's End

## **Gift Intention/ Pledge Form**

I/we plan to give a total  
intended gift of

\$

to support Solace Friends'  
operations/programming

to support our  
Home at Last Capital Campaign.



### **YOUR NAME(S):**

Please print names as you would like them to appear in donor lists.  
 I wish to remain anonymous—do not publish.

### **TIMING OF GIFT:**

A one-time gift:

intended to be made by (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Payments over time: \$ \_\_\_\_\_

annually     quarterly     monthly  
for \_\_\_\_\_ years (up to 5)  
starting (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send reminders via:

Email or     post

No reminders—I will automate payments.

### **HOW WOULD YOU LIKE TO MAKE YOUR GIFT?**

(CAN BE MORE THAN ONE)

**Check** (please make your check to Solace Friends, Inc.)

**Credit Card/PayPal:** My donation was/will be made online on date:

(mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Donor Advised Fund Disbursement**

(see: <https://www.solacefriends.org/you.html#donor>)

**Tribute Gift:** I/We are making this gift in

honor     celebration     memorial of:

Name: \_\_\_\_\_

Please send notification of this gift to:

Address: \_\_\_\_\_

**Matching Gifts:** This qualifies for a matching gift

from my employer: (identify employer below)

Name: \_\_\_\_\_

**Legacy Gift:** I/we would like information about including

Solace Friends in our gift plans.

-over-

## MY CONTACT INFORMATION:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (best contact number) \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Please add me to your mailing list to receive updates about Solace Friends.

## MAKE IT OFFICIAL:

Signature(s) \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

If you wish to make a change to your gift or continue gift discussions, please contact either of our Fund-raising Committee Co-chairs:

Lynn Breedlove: [lynn.breedlove@solacefriends.org](mailto:lynn.breedlove@solacefriends.org) (608) 577-0468  
Joan Karan: [joan.karan@solacefriends.org](mailto:joan.karan@solacefriends.org) (608) 347-9146

Please mail this completed form to:

Solace Friends, Inc.  
PO Box 5587  
Madison, WI 53705-5587

## THANK YOU FOR YOUR COMMITMENT TO THE MISSION

**OF SOLACE FRIENDS!** Solace Friends, Inc. is a 501(c)(3) tax-exempt organization. All contributions to Solace Friends are tax deductible to the extent allowed by the law.

For more details, please visit our Web site at: [www.solacefriends.org](http://www.solacefriends.org)



Offering Community, Comfort  
& Compassionate Care at Life's End

www.solacefriends.org  
(608) 843-8191  
[info@solacefriends.org](mailto:info@solacefriends.org)  
P.O. Box 5587  
Madison, WI 53705

## OFFICE USE:

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered: \_\_\_\_/\_\_\_\_/\_\_\_\_