



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☐ I wish to remain anonymous—do not publish.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-





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

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 (608) 577-0468

Joan Karan: 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

OFFICE USE:

Date received: ____/____/____ Date entered: ____/____/____