



## Gift Intention/Pledge Form

Your name/s: \_\_\_\_\_

*Please print names as you would like them to appear in donor lists.*

- I wish to remain anonymous—do not publish.

I/we plan to give a total intended gift of \$ \_\_\_\_\_ to support Solace Friends.

*Please see cover letter for ways your gift will help support the Solace Home*

### *Timing of gift:*

- A one-time gift: \$ \_\_\_\_\_ intended to be made by \_\_\_\_\_ (dd/mm/yyyy).
- Payments over time: \$ \_\_\_\_\_ annually/quarterly/monthly (circle one), for \_\_\_\_\_ years, (up to 5), starting \_\_\_\_\_ (dd/mm/yyyy), for a total of \$ \_\_\_\_\_.
- Please send reminders via: *Email or post* (circle one).       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: \_\_\_\_\_ (dd/mm/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 (circle one):

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

Please send notification of this gift to:

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

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.

*-more on side two-*

*Community, Comfort & Care at Life's End*

**My contact information:**

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

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 (dd/mm/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)

Joan Karan: [joan.karan@solacefriends.org](mailto:joan.karan@solacefriends.org)

**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 detailed information about Solace Friends, including our donor policy, please visit our website at [www.solacefriends.org](http://www.solacefriends.org).

Office Use: Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_