

# *A Legacy of Caring*

## Parmenter's Campaign for Endowment Contribution/Pledge Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Count on my financial support as a:

Friend (\$500 to \$19,999)  Partner (\$20,000-\$99,999)  Leader (\$100,000+)

- One-time payment in the amount of: \$\_\_\_\_\_ to be made on: \_\_\_\_\_  
(Date)
- Pledge totaling: \$\_\_\_\_\_ To be paid: \$\_\_\_\_\_ monthly \$\_\_\_\_\_ quarterly \$\_\_\_\_\_ annually  
Beginning on: \_\_\_\_\_ and ending on: \_\_\_\_\_  
(Date) (Not to exceed 3 years)
- Planned gift or bequest. (Many options are available, please contact us.): \_\_\_\_\_

### Method of payment:

Check (Made payable to Parmenter Community Health/Wayside Hospice)

Credit Card:  MC  Visa  Discover  American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

A gift of stock or securities to be sent to Parmenter Brokerage Account at The Vanguard Group  
Account # A6V517187 DTC#0443

Other, please contact me.

I/We prefer (a)  our gift remain anonymous (b)  to be listed in *Friends of Parmenter*

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions, please contact Cindy Mayher at 508-358-3004 x233 or [cmayher@parmenter.org](mailto:cmayher@parmenter.org)

*Thank you for joining us in A Legacy of Caring*



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