

**Hospice of the Foothills**

**Circle of Care ~ Donors making a difference.**

Make a donation today to support Hospice of the Foothills' programs and patient services.

**Your donations fund our care.**

Each tax-deductible donation to one or more of the annual funds described on the inside flap will support Hospice of the Foothills' programs, patient services, and facilities that help meet the needs of those in our community with life-limiting illnesses and their families.

**Join Hospice's Circle of Care ~**

**Please consider one or more of the Circle of Care opportunities listed below.**

^Circle of Care (General Fund) \_\_\_\$25 \_\_\_\$50 \_\_\_\$75 Other \$\_\_\_\_\_ (Checks payable to Hospice of the Foothills)  
Circle of Care Donors will be recognized in our 2011 Report to the Community.

^Caring Sustainer ~ Pledge \$100.00 to \$499.00 per month for 12 months. \*  
Your gift today will help sustain Hospice operations for a full 12 months.  
Caring Sustainers will be given special mention in our 2011 Report to the Community.  
\*Minimum \$1,200.00 donation is requested for a sustaining pledge.

^Caring Benefactor ~ Pledge \$500.00 or more per month for 12 months. \*\*  
Your gift will help provide beneficial services for our patients and their families for a full 12 months.  
Caring Benefactors will be celebrated in our 2011 Report to the Community.  
\*\*Minimum \$6,000.00 donation is requested for a beneficent pledge.

Hospice of the Foothills is a 501(c)(3) non profit organization. Proceeds from this annual giving appeal will be used to support the operations and services of Hospice of the Foothills. For more information or funding detail, call Karen Wood at (530) 274-5115.

**Gift Remittance Detail ó Please complete:**

I want to be a Circle of Care Donor. Enclosed is my tax deductible donation. \$\_\_\_\_\_ (Check or Charge)

I want to be a Caring Sustainer.  
\_\_\_ Enclosed is my check for \$1,200 or more; or \_\_\_ Send me a 12-month pledge form.

I want to be a Caring Benefactor.  
\_\_\_ Enclosed is my check for \$6,000.00 or more; or \_\_\_ Send me a 12-month pledge form.

This gift is in Memory/Honor\* (circle one) of: \_\_\_\_\_

\*Please notify the following of my gift: (Amount will not be specified.) \_\_\_\_\_  
Person(s) to be notified.

**From:**  
Donor Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Payment Detail**  
\_\_\_ Cash/Check enclosed Amount \$ \_\_\_\_\_  
\_\_\_ Charge my gift to: \_\_\_ Visa \_\_\_ MasterCard  
Card # \_\_\_\_\_ Expires on \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

Please mail the filled out form to:  
Circle of Care Appeal  
Hospice of the Foothills  
11270 Rough & Ready Hwy.  
Grass Valley, CA 95945

Or you can fax to:  
Circle of Care Appeal  
530-272-7299

**Thank you for your donation.**