

BE A PART OF OUR \$250,000 COMMUNITY MATCH

Your support is more important now than ever as Quiet Oaks remains committed to our mission of providing high quality, personalized care, comfort and dignity to our residents and their families. In order to accomplish our mission, we need your help. We are thrilled to announce a \$250,000 match made possible through the generosity of community donors. Each dollar raised up to \$250,000 will be matched dollar for dollar thanks to:

Pat & Gloria Bauer • AnnElise Bergstrom • Dick & Mimi Bitzan
Diana Cook • Pat Lynch • Lee & Vicki Morgan
David & Sarah Jane Nicoll • Bonnie Singh

HOW TO SUPPORT

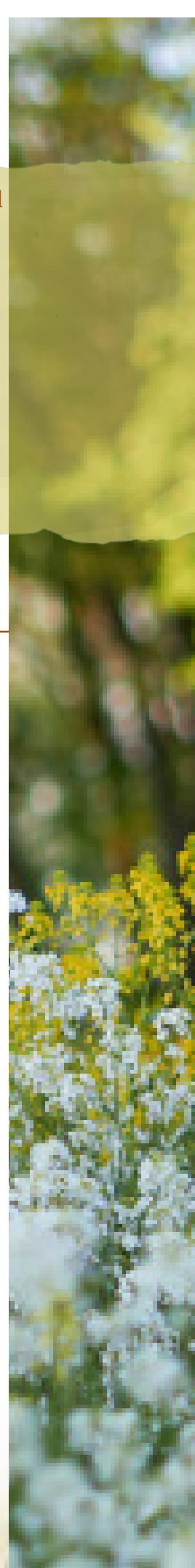
BECAUSE OF YOU, THE FUTURE OF QUIET OAKS HOSPICE HOUSE IS STRONG.

The campaign allows staff, volunteers, community members and donors to work toward a common goal—to ensure that Quiet Oaks has the resources to strengthen our communities and make an enduring impact.

GIFTS TO THE CAMPAIGN CAN BE PLEDGED OVER FIVE YEARS.

- ◆ **CASH** The simplest way to contribute is with cash, check or credit card. Gifts are accepted by mail, phone or online (www.quietoakshospicehouse.org).
- ◆ **SECURITIES** Gifts of appreciated stocks, bonds or mutual funds allow you to bypass capital gains taxes on long-term holdings.
- ◆ **RETIREMENT ASSETS** By making Quiet Oaks Hospice House a beneficiary to a retirement plan, your gift will be transferred after your death. Alternatives include naming Quiet Oaks in your IRA distribution or as the owner or beneficiary of a paid whole life insurance policy.
- ◆ **BEQUESTS** These gifts that are made as a part of a will or trust to leave a legacy that lasts beyond your lifetime.
- ◆ **NAMING OPPORTUNITIES** There are several naming opportunities and are a wonderful way to remember a loved one, by naming in their honor.

Please contact Kristin Darnall, Director of Development and Operations (kdarnall@quietoakshospicehouse.org) or Linda Allen, Executive Director (lallen@quietoakshospicehouse.org) for more information regarding your donation or for the most current list of naming opportunities.





Capital Campaign

Pledge Commitment Form

Name(s): _____

Address: _____

Phone: _____ Email: _____

I (We) agree to contribute \$ _____ to ensure financial stability and to support the commitment of offering the best patient care provided at Quiet Oaks now and into the future.

Designation

I (we) select the following naming opportunity: _____

- Unrestricted/Quiet Oaks Flexible Fund
- Endowment
- Programs, Grief Support, Leadership Development
- Capital Improvements

Donor Recognition

Donors may be publicly recognized unless you choose to remain anonymous.

Please use the following name(s) in all acknowledgements: _____

I (we) wish to remain anonymous.

Payment Instructions

I (we) am fulfilling the entire pledge at this time

Check Enclosed

Charge my credit card

Card Number: _____ Exp: _____ CVV Code: _____

I (we) authorize Quiet Oaks to initiate ACH/EFT from my checking account:

Name of financial institution: _____

Phone# of financial institution: _____

Bank Routing# _____ Account# _____

Frequency of ACH payments: Monthly (day of month) Quarterly Annually

Please include a voided check

I (we) would like to be billed (select one) Monthly (day of month) Quarterly Annually

Duration of payments (number of years 1-5) _____ Start Date: _____

Donate online at www.quietoakshospicehouse.org

Confirmation

Thank you for your generosity and support of the Quiet Oaks mission.

Signature: _____ Date: _____

Signature: _____ Date: _____