



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: _____