



Date_____

Enrollment Form

(Please Print)

Name(s)_____ Phone _____

Address _____ Secondary phone# _____

City_____ State_____ Zip_____ E-mail _____

Your Level of Giving

☐ Strong - \$1,200 year ☐ Majestic - \$2,400 year ☐ Mighty - \$5,000 year ☐ Other \$ _____

Annual giving amount must be a minimum of \$1,200. There is no maximum amount!

☐ Payment method – checking account

Name of financial institution _____

Phone _____

Bank routing number_____Account# _____

Please include a voided check

☐ Payment method – credit card

Card#_____Expiration date _____

Name on card (please print) _____3/4 Digit Code_____

Signature _____

Transfer Preference

☐ Monthly \$_____ ☐ quarterly \$_____ ☐ annually (amount indicated above)

☐ 1st of month ☐ 15th of month ☐ anniversary date

Your level of giving will be divided equally for monthly or quarterly payments, or transferred once on your enrollment anniversary date. This will occur for a three-year period ending on your anniversary date. In the event of economic changes in your household, please contact us to adjust or cancel your enrollment.

I authorize Quiet Oaks Hospice House to initiate debit transactions as indicated above:

Printed name_____Date _____

Signature _____

Recognition

☐ I /we allow Quiet Oaks to recognize our membership status in newsletters and event programs

☐ I /we would like the following engraved on a Quiet Oaks Tree of Life leaf (please print):

Name(s):_____

In Memory of (optional) Name:_____

☐ No recognition, please. I/we prefer this gift to remain anonymous

Signature all above is correct_____



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