



A Compassionate **Journey**

# CONTRIBUTION PLEDGE FORM

Thank you for your commitment to support the Lillian Prince Margolis Charitable Care Fund to provide financial assistance to those who turn to **Merrimack Valley Hospice House** for end-of-life care.

**I/we wish to make a pledge commitment to Merrimack Valley Hospice of:**

\$ \_\_\_\_\_ as a one-time gift **or** to be paid over a period of \_\_\_\_\_ years  
(number)

designated as: **Lillian Prince Margolis Charitable Care Fund**

I/we intend to make installments beginning \_\_\_\_\_(month/year) as follows:

Monthly  Quarterly  Semi-Annually  Annually

Please send me payment reminders  Please bill my credit card on the schedule above

Card Type/Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Print name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please print my/our name as follows in donor recognition materials: \_\_\_\_\_

My employer has a gift-matching program which I intend to use to extend the benefit of my gift.

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

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:

Christine Scaplen, Merrimack Valley Hospice, 360 Merrimack Street, Building 9, Lawrence, MA 01843

