



Pledge Form

I wish to support Hospice Waikato:

- A with an immediate gift of \$.....
- B with a gift of yearly for years beginning 200... on the understanding that if necessary I may vary the amount.
- (Month) 200... \$.....
- (Month) 200... \$.....
- (Month) 200... \$.....
- (Month) 200... \$.....
- (Month) 200... \$.....
- TOTAL (3/5 years) \$_____

Please send me a reminder of my intended gift each year in the month of

I wish to pay by:

Personal Cheque

All cheques should be payable to: **Waikato Community Hospice Trust**

Visa MasterCard American Express Diners Card Automatic Payment

Card Number

.....

Expiry Date Name on Card

Name:

Address:

Phone: Home.....Work.....Mobile.....

Email:

Signature:Date:.....

My/our gift may be publicised: Yes No

We thank you for your support