



Please consider renewing your membership or becoming a new member of 3HC's **Circle of Care Annual Giving Club**, whose philanthropic support helps to honor every patient's journey through illness with compassionate, dignified, and respectful care.

As a **Circle of Care** member, your charitable support will help ensure the family-centered programs at 3HC are preserved and enhanced for patients and their families, at no charge, now and in the future.

Just check out what your annual gift could do!

- \$100** Helps recognize four veterans for their bravery & sacrifice at the end-of-life
- \$250** Helps support two families struggling with grief over the course a year
- \$500** Helps send a child to Wings Camp, weekend grief camps held in the fall
- \$1,000** Helps with upgrades and renovations at Kitty Askins Hospice Center
- \$1,500** Helps fulfill a small final wish or bucket list item for two hospice patients
- \$2,500** Helps provide charity care for less fortunate patients throughout the year

All Circle of Care members receive a token of our appreciation to honor the annual commitment, along with recognition in 3HC publications and on social media!

Yes, I/We Want To Join The Circle of Care!

Name: _____
(Please print name as it should appear in recognition listings)

Address: _____

Phone: (_____) _____ E-Mail: _____

As a Club Member, My/Our Annual Pledge Will Be:

☐ \$2,500/year ☐ \$1,500/year ☐ \$1,000/year ☐ \$500/year ☐ \$250/year ☐ \$100/year

Pledge Payments Will Be Made: ☐ Monthly ☐ Quarterly ☐ Annually, In Full

Begin Date: _____ ☐ Payment Enclosed ☐ Bill Me ☐ Charge My Credit Card

Ways to Give:

☐ Check ☐ Online Payment (www.3HC.org/donate) ☐ Credit/Debit Card (Complete below)

Card Type: ☐ Visa ☐ American Express ☐ Discover ☐ Master Card

Card # _____ Exp Date _____ / _____ CCV _____

Amount \$ _____ Signature _____

(Optional) My gift is in ☐ memory of ☐ honor of: _____

Please Acknowledge My Gift to: _____

Address _____ City, ST Zip: _____

(A letter will be sent to the person above to acknowledge your memorial/honorarium gift, No reference will be made to the gift amount.)

Mail your completed Circle of Care form to- 3HC, 2402 Wayne Memorial Drive Goldsboro, NC 27534