

# Circle of Care



Please consider renewing your membership or becoming a new member of 3HC's **Circle of Care**, a 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, a weekend grief camp held in August
- \$1,000** Helps provide 40 new patient welcome kits or pediatric grief support bags
- \$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 recognition item honoring the annual commitment to 3HC, an invitation to a donor recognition event, and recognition in 3HC publications!

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](http://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