



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 recognition in 3HC publications, social media, and website to show our appreciation for their continued support!

Complete to Join The Circle of Care/Renew Your Circle of Care Membership:

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-now) ☐ 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