

MONTHLY PARTNERSHIP IN GIVING FORM

Giving monthly is truly the most efficient and cost-effective way to support Friends of Hospice of the Lakeway Area, Inc.

Your monthly donation ensures we have a reliable stream of income to provide for the day-to-day needs of operating our programs, which include Camp H.UGS annual grief camp ; Serenity House End-of-Life Care Home and Make Dreams Come True.

Rest assured, you're always in control of your giving and can change the amount or cancel your monthly donation at any time.

On behalf of Friends of Hospice, **THANK YOU** for your compassion and generosity.

Your Information:

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Recurring Contribution: Every ___ Month(s)

___ \$10.00

___ \$50.00

___ \$15.00

___ \$75.00

___ \$20.00

___ \$100.00

___ \$25.00

___ OTHER