



Strength
at Your Side



*Your financial gift supports
Unity's end-of-life care and grief
support for patients and families*

A caring nonprofit partnership of Emplify
Health by Bellin, HSHS St. Mary's Hospital
Medical Center, and HSHS St. Vincent Hospital

Your first-class
stamp helps
us stretch our
fundraising
dollars.

Unity | Strength at Your Side
2366 Oak Ridge Circle
De Pere, WI 54115

To learn more ways to support Unity's mission,
call 920.338.1111 or visit www.unityhospice.org/donate

PLEASE PRINT CLEARLY

Donor Name(s) _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-mail: _____

My gift is given In Honor of In Memory of _____

If you would like us to notify someone of your gift, please complete the following:

(The gift amount remains confidential.)

Name _____

Address _____

City _____ State _____ Zip _____



**Strength
at Your Side**

Your financial gift to Unity helps provide end-of-life care and grief support to those in our communities.

Your financial gift supports Unity's patient care throughout Northeast Wisconsin. Your gift helps make possible critical care at end-of-life and grief support for those facing the loss of a loved one. Thank you for your support!

Gifts to Unity are tax deductible according to law.

Please Use My Gift as Follows:

- Where the need is greatest
- Grief Support
- Jack and Engrid Meng Hospice Residence
- Supportive Care Management - Palliative Care
- Sgt. David L. Rasmussen Veterans Fund
- Gifted Wishes - *Helping wishes come true for hospice patients.*
- Memorial Opportunities (you will be sent inscription information)
 - I would like a Memorial/Honorarium tribute in the Unity Gardens
 - ____ 4"x8" for \$500 (3 lines of inscription, 14 characters per line)
 - ____ 8"x8" for \$1000 (6 lines of inscription, 14 characters per line)
 - ____ Bench for \$3500 (2 lines of inscription, 20 characters per line)
 - I would like a Leaf on the Tree of Hope at Unity Grief and Education Center
 - ____ 2"x5" for \$1000 (2 lines of inscription, 15 characters per line)
 - ____ 4"x7" for \$2500 (4 lines of inscription, 15 characters per line)
 - ____ 6"x10" for \$5000 (4 lines of inscription, 20 characters per line)

Please Accept My Gift of:

- \$35 \$50 \$100 \$250 \$500 \$1000 Other _____
- I am pledging \$_____ to be paid in _____ annual installments.
(may be pledged over 5 years)
- I would like to give a monthly amount of \$_____

Payment Options

- Cash/Check enclosed (payable to Unity)
- Credit Card (Credit card payments may also be made by calling 920.338.1111 or by visiting www.unityhospice.org/donate).
- VISA MasterCard Discover American Express

Card# _____ Exp. _____

Security code (3 digits on back) _____

Signature _____ Date _____

Double My Gift

- I have included my company's Matching Gift form.
- Please contact me about leaving an estate gift to Unity