



Maple Society Monthly Giving Enrollment

The Maple tree is a traditional symbol for the virtues of offering and generosity. Thank you for your interest in the Alive Hospice monthly giving program! Your monthly gift will help to guarantee the support of programs at Alive Hospice all year long.

Programs such as:

- Hospice care for uninsured and underinsured patients
- Hospice care for pediatric hospice patients
- Grief support for adults and children
- Children's and teens' grief support camps
- Music therapy

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

CREDIT CARD AUTHORIZATION FORM

Withdraw my contribution on: 1st of the month *or* 15th of the month

Credit card type: Visa MasterCard Discover American Express

Credit card number: _____

CVV number: _____ Expiration date: _____

Signature: _____

Today's Date: _____

Monthly donation amount: \$ _____

Note: You may cancel your monthly contributions at any time.

I would like to make my gift by:

Credit card
Please fill out the credit card authorization form on this page.

Bank draft
Please fill out the bank draft authorization form on the second page.

I would like to make this donation
___ in memory of ___ in honor of:

Additional Comments:



Please mail this form to us at:

*Alive Hospice
Attention: Katy Dorais
1718 Patterson Street, Nashville, TN 37203*



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I hereby authorize **Alive Hospice**, hereinafter called ORGANIZATION, to initiate debit or credit entries to my Checking Account / Savings Account (*select one*) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until ORGANIZATION has received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

Amount to withdraw monthly: \$ _____

Withdraw my contribution on: 1st of the month *or* 15th of the month

Name: _____

Signature: _____ Date: _____

Note: Please provide a voided check with this authorization form.



Please mail this form to us at:

*Alive Hospice
Attention: Katy Dorais
1718 Patterson Street, Nashville, TN 37203*