

Home Services Pledge

Support Home Health and Hospice in the Yampa Valley

Together, we will ensure that our most at-risk friends and neighbors can continue to age in place. Your contribution helps to make sure that people who live here can stay here, whether it is at Casey's Pond Senior Living Community, The Haven Assisted Living, or in their own home through Northwest Colorado Health's Home Health and Hospice programs.



DONATION INFORMATION

I/We agree to join Northwest Colorado Health in supporting Home Health and Hospice services with a contribution totaling \$_____

The contribution will be paid over a period of ☐ 1 year ☐ 2 years ☐ 3 years ☐ one-time gift

Pledge payment schedule to begin (month/year)_____

Each pledge payment will be \$ _____

Pledge payments will be paid ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ I/We wish to make this gift in honor/memory of _____

☐ I have made a provision in my will/estate to benefit Northwest Colorado Health

PAYMENT INFORMATION

☐ Please send me an invoice ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

☐ Check Enclosed—make checks payable to Northwest Colorado Health

☐ Please charge my credit card ☐ Automatic monthly recurring credit card charge

☐ Yes, I would like to cover the 3% processing fee

Card Number_____Expiration Date_____

Name on Card_____CVV Code_____

Signature_____Date_____

DONOR INFORMATION

Please print your name as you wish to be recognized or

☐ I/We wish to remain anonymous

Name_____

Address_____

City, State, Zip Code _____

Phone_____Email _____

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ONLINE



NORTHWEST COLORADO
HEALTH
northwestcoloradohealth.org

Please return this form to Suzi Mariano, Chief Marketing and Development Officer

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