



Strength  
at Your Side



*Your financial gift ensures patients and families have access to compassionate care and grief support when it matters most.*

A caring nonprofit partnership of Bellin Health,  
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 800.990.9249 or visit [www.unityhospice.org](http://www.unityhospice.org)

**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 \_\_\_\_\_

- Unity is able to publicly share my name as a supporter.
- Unity is able to publicly share the amount of my gift.
- I would like my gift to remain anonymous.



**Strength  
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*Your financial gift supports Unity's  
programs in Northeast Wisconsin.*

Your gift ensures patients and families have access to exceptional care that enhances their quality of life. Thank you for supporting Unity's mission. Please accept our heartfelt appreciation.

*Gifts to unity are tax deductible  
according to law.*

**Please Use My Gift as Follows:**

- No restrictions/where needed most
- 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.*
- Endowment Fund for future growth
- Please contact me about leaving an estate gift.
- Memorial Opportunities *(you will be sent inscription information)*
  - I would like a Memorial/Honorarium Brick 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)
  - 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:**

- \$25  \$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 800.990.9249 or by visiting www.unityhospice.org)*
  - 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.

- I am leaving an estate gift to Unity.

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