

# LIVING LIFE TO ITS FULLEST

I pledge to support the Macon F. Brock Jr. Palliative Care Program at Lake Taylor Transitional Care Hospital with a total gift of \$\_\_\_\_\_ to be paid over the next (1-5) \_\_\_\_\_ year(s).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please indicate how you would like to be recognized on our contributor's list:

Check here to remain anonymous

I intend to complete all pledge payments by \_\_\_\_\_ (month/year).

Please mail me pledge reminders:  Monthly  Quarterly  Annually

Beginning date for reminders: \_\_\_\_\_

I would like my gift to be in honor/ in memory of: \_\_\_\_\_

Please send acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

My/my spouse's company will match this gift. Name of company: \_\_\_\_\_

I plan to fulfill my pledge with a gift of appreciated stock/securities.

*Please be aware that pledge commitments cannot be fulfilled by Donor Advised Fund (DAF) grants. If you plan to make a gift via a DAF, please indicate by checking here  and staff will follow-up for additional information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have any questions, please contact**

**Lake Taylor Transitional Care Hospital Foundation Executive Director Debra Schwartz  
schwartz@laketaylor.org • (757) 461-5001 ext. 339 • 1309 Kempsville Road, Norfolk, VA 23502**

*Lake Taylor Transitional Care Hospital Foundation is a 501(c)(3) non-profit organization.  
All gifts are tax deductible as provided by law.*

**Thank you for your support!**