



Hancock County Senior Services

"We don't know what we'd do without you."

Capital Campaign

Name _____
(Please use name(s) as you wish to appear in acknowledgement)

Address _____

City, State, Zip _____

I(we) designate to Hancock County Senior Services, through the **"We Don't Know What We'd Do Without You"** Campaign the following amount:

_____ Dollars (\$ _____)

To be paid in either:

_____ Cash

_____ Securities

_____ Other property of equivalent value

Signature _____

Signature 2 (if joint gift) _____

Optional:

This gift is given in memory/honor of

with acknowledgement to be sent to

Total Pledge \$ _____

Paid Herewith \$ _____

Balance Due \$ _____

Balance to be paid as follows: _____ in 2011

_____ in 2012

_____ in 2013

_____ I(we) wish to remain anonymous