



Donation Pledge Card

A program of:  
**Indiana Hospice & Palliative Care**  
ORGANIZATION, INC.  
A 501 (c) (3) non-profit, charitable organization.

*Levels of Support*

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$250          |
| <input type="checkbox"/> \$75  | <input type="checkbox"/> \$500          |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$1,000        |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> Other \$ _____ |

- I want to help improve pain management in Indiana.
- I would like to volunteer with Indiana Pain Initiative (IN-PI).
- I would like to receive more information about IN-PI's programs.

*Special Gifts*

- Honor Gift, in recognition of: \_\_\_\_\_
  - In Memorial: \_\_\_\_\_
- Name and Address of person(s) to receive information about special gift:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_