



Pledge Form *Sign me up as a member of The Circle! Use my support to sustain daily loving care at Clarehouse and ensure that comfort is available around the clock for dying people and families in need.*

I will give \$ _____ Annually

- My check is enclosed.*
- Invoice me.*
- Contact me about my giving schedule.*
- Contact me about automatic withdrawal from my bank account.*
- My company has a matching gift program.*

*Questions? Contact Melanie Craddock at
918.893.6150 or mcraddock@clarehouse.org*

Name: _____ Address: _____

Phone: _____ Email: _____