

Remembrance Funds

A LASTING WAY TO REMEMBER THOSE WE LOVE

Pathways offers Remembrance Funds as a special opportunity for families who are interested in making a significant commitment to Pathways in the name of their loved ones. A Remembrance Fund allows you to make donations over time in an individual's memory or tribute. In addition, it provides an identified fund to which extended family and friends may contribute.

Active Remembrance Funds are listed in our annual Tribute publication and in Pathways' Annual Report. Remembrance Funds are also featured on the Donor Screen at our Sunnyvale headquarters.

If you wish, we will work with your family to develop the name of the fund and to identify ways you can ensure that the fund will grow over time. Some families choose the name of their loved one; others choose to name it as a Family Fund; others choose a name that indicates a special interest, quality or value of the person being remembered.

Please complete the information below and return the form to Pathways. If you have any questions, please call Trish Morgan at 408.730.1200. Thank you!

Pathways Home Health & Hospice is a not-for-profit, community-based organization providing excellent and compassionate healthcare in the patient's residence.

Pathways is there to help families 24 hours a day, 365 days a year. Each year Pathways serves more than 5,000 patients recovering from an injury or illness, managing a chronic disease or facing the end of life.

Pathways' services are compassionate, comprehensive and reflective of the highest standards of care found in any medical setting.

What sets Pathways apart is the extraordinary caring offered to all its patients enabled by generous community support.

REMEMBRANCE FUND NAME _____
(not to exceed 50 characters, please)

In Tribute To: (Include names of all those in whose memory or honor gifts will accrue to the fund; for example, names of both parents, other family members, etc.)

Who should be notified of gifts as they are received?

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____ EMAIL _____

I/WE WOULD LIKE TO CONTRIBUTE \$ _____. ENCLOSED IS A CHECK OR PLEASE CHARGE MY CREDIT CARD

VISA MASTERCARD DISCOVER AMERICAN EXPRESS SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____

MY/OUR NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____ EMAIL _____