



Wall of Faith Commitment Sheet

Hospice & Palliative Care of Iredell County gratefully appreciates your congregation's consideration of our *Wall of Faith* program. Please mark the statement below that reflects your level of commitment.

- _____ Our congregation supports the care of Gordon Hospice House residents and enclosed is our annual contribution of \$500 or more to the Wall of Faith program.
- _____ Our congregation supports the care of Gordon Hospice House residents with an annual pledge of \$500 or more for the Wall of Faith program to be mailed at a later date (or throughout the year) before the end of the current calendar year.
- _____ Our congregation supports the care of Gordon Hospice House residents and enclosed is our annual contribution of \$250 to the Wall of Faith program.
- _____ Our congregation supports the care of Gordon Hospice House residents with an annual pledge of \$250 for the Wall of Faith program to be mailed at a later date (or throughout the year) before the end of the current calendar year.
- _____ Our congregation is unable to pledge financial support to the Wall of Faith program at this time.

Name of Congregation: _____

Mailing Address: _____

Telephone: _____

Fax Number: _____

Pastor or Contact: _____

Please return to: Karen Lawler
Hospice of Iredell County
2347 Simonton Road
Statesville, NC 28625