

# Pledge Of Intent To Support

## JOLIET AREA COMMUNITY HOSPICE



### CAMPAIGN CHAIRS:

Terry D'Arcy, Shorewood  
Mike Rittof, Channahon  
Tom Vana, New Lenox

### HONORARY CHAIRS:

JoAnn Barber, Joliet  
Dottie Brown, Joliet  
Jeanette D'Arcy, Plainfield  
Duane Krieger, Shorewood

### STEERING COMMITTEE:

Nannette Alton-Labus, New Lenox  
Bill Benoit, Joliet  
Pat Cipriani, Joliet  
Ed Dollinger, Joliet  
Carolyn Dystrup, Mokena  
Mark Grigione, Shorewood  
Chris Kelly, Manhattan  
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Jean Roach, Joliet  
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Scott Slocum, Channahon  
Robert Smith, Joliet  
Mark Turk, Joliet  
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Dr. J.D. Wright, Joliet  
Sr. Dolores Zemont, OSF, Joliet

### STAFF:

Mary K. Sheehan, RN, MSN, MBA, CEO  
Jackie Bersano, Senior Director of Development  
Laureen Crotteau, Events and Media Specialist  
Sandra Schramm, Grant Writer/Volunteer Assistant

Donor(s) Name: \_\_\_\_\_

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

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

Telephone (office) \_\_\_\_\_ (home) \_\_\_\_\_

I/we pledge a TOTAL of \$ \_\_\_\_\_ to the Campaign for the Hospice Home. Enclosed please find \$ \_\_\_\_\_.

The remainder of this commitment will be fulfilled with payments as follows:

A pledge payment of \$ \_\_\_\_\_ to be paid:

- monthly by ACH transfer  
 quarterly     semi-annually     annually

over:  1 year     2 years     3 years

Please send me pledge reminders beginning \_\_\_\_\_/\_\_\_\_\_.

My spouse's company will match my/our gift: \_\_\_\_\_

Company Name

Other form of gift: \_\_\_\_\_

Individual name(s) to be listed for gift recognition: \_\_\_\_\_

My gift is in \_\_\_ honor of or in \_\_\_ memory of \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Make gift(s) payable to: **Joliet Area Community Hospice**  
**250 Water Stone Circle**  
**Joliet, IL 60431**

Phone: 815-740-4104 | [JolietHospice.org](http://JolietHospice.org)

*Contributions to Joliet Area Community Hospice, a 501(c)(3) nonprofit organization, are tax-deductible to the greatest extent of the law.*