



HOSPICE of LENAWEЕ

## WHAT IS AN ANNUAL GIVING CIRCLE?

The Annual Giving Circle is a “Club” of sorts. It recognizes those who choose to give to support our mission on an annual basis. Hospice of Lenawee would like to acknowledge that support through this Circle, named appropriately after an individual who faithfully served our mission, both through time and resources.

The “Doc” Circle will be comprised of annual donors who have made a giving commitment of three years or more at a specific financial level. Along with this pledge, we will acknowledge our annual donors verbally, in print and at an annual recognition event.

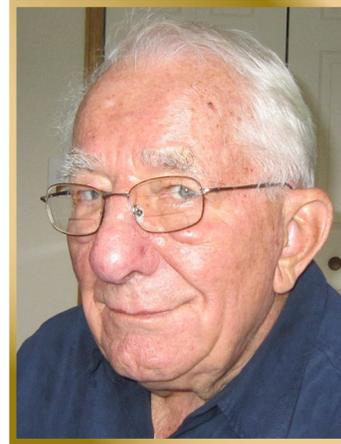
## THE CARLTON “DOC” COOK



# *Annual Giving Circle*

There has been much written about Carlton “Doc” Cook. To say he was a staple in Lenawee County, and specifically in the city of Tecumseh, doesn’t begin to cover the impact he had on the community he lived, worked and played in. A loving husband, father to six, grandfather to 15 and great grandfather to 17, allowed him to leave a lasting legacy for generations to come. However, the number of unrelated family members who could tell you a story of how “Doc” impacted their life is endless. What has not yet been penned, is the role he played in establishing Hospice of Lenawee and helping it to grow into Lenawee County’s premier end-of-life organization.

“Doc,” along with a handful of other committed volunteers first became involved with our mission in 1981, when it became clear that this form of care for dying patients that focused on palliative measures rather than curative was the most compassionate way to support those at the end-of-life. He understood that the importance of this organization would outweigh all of the struggles we would go through to



assure our existence. In the early years, the efforts would be in establishing our non-profit status and securing our Medicare eligibility. Dr. Cook was instrumental in that process. Serving in the roles of Secretary and Vice Chair, along with his continual presence on the Medical Committee, in 2015 he was officially named an Emeritus member of our Board of Directors. Our first “Lifetime Member.”

In February of 2019, Dr. Cook passed suddenly at the age of 92. His life was a story to be shared and celebrated and when Hospice of Lenawee decided that the time had come to create an Annual Giving Circle, his name was the first and the last we considered. He was the epitome of faithful giving, through his time, talents and resources. He gave every year and understood that the concept of consistent giving secures an organization’s future. The “Doc” Annual Giving Circle will celebrate those who give and the importance of that commitment. Please join us by becoming a member of the “Doc” Annual Giving Circle. Your support will help to solidify the influence “Doc” had on who and where we are today and the security of our tomorrow.

---

To have a conversation about the The Carlton “Doc” Cook Annual Giving Circle or other areas to support, contact Hospice of Lenawee at **517-263-2323** and ask for the **Director of Development**.

*We Carry Your Heart In Our Heart*



HOSPICE of LENAWEE

## MAKING YOUR ANNUAL GIFT OF SUPPORT

Complete the Gift Intent Form by selecting your Designation, Level of Commitment and Method of Payment.

For additional questions, please contact Hospice of Lenawee at 517-263-2323 and ask for the Director of Development.



HOSPICE of LENAWEE

1903 Wolf Creek Hwy., Adrian, MI 49221  
hospiceoflenawee.org  
517-263-2323

# HOSPICE OF LENAWEE ANNUAL GIFT INTENT THE "DOC" ANNUAL GIVING CIRCLE



Name(s) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Will be used to provide periodic updates.)

### I WOULD LIKE TO SUPPORT HOSPICE OF LENAWEE BY DESIGNATING MY DONATION TO THE FOLLOWING:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Operations/<br>Unrestricted          | <input type="checkbox"/> Hospice Heart<br>Endowment Fund | <input type="checkbox"/> Bereavement Programs/<br>Unrestricted      |
| <input type="checkbox"/> Kathy Goetz Bereavement<br>Endowment | <input type="checkbox"/> General<br>Endowment            | <input type="checkbox"/> Hospice Home/Residence<br>On-going support |

### ANNUAL GIFT COMMITMENT LEVEL — 3 year pledge

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Gold Level:</b><br>\$2,801 + per year | <input type="checkbox"/> <b>Silver Level:</b><br>\$1,600-\$2,800 per year | <input type="checkbox"/> <b>Bronze Level:</b><br>\$600-\$1,599 per year |
|---|---|---|

Choose your Commitment amount and if you would like it to be paid monthly or annually.

Annual Commitment: \$ \_\_\_\_\_ x 3 years = \$ \_\_\_\_\_

Monthly amount: \$ \_\_\_\_\_ / or /  Annual amount: \$ \_\_\_\_\_

Your name will be included under the donor section of our Annual Report *unless this box is checked.*

#### Gold Level Example:

Annual Commitment: \$ 3,000 x 3 years = \$ 9,000

Monthly amount: \$ 250 / or /  Annual amount: \$ \_\_\_\_\_

CHECK/CASH  Check box for email reminder.

Please check one

CREDIT CARD

Credit card number: \_\_\_\_\_

Security code: \_\_\_\_\_ Exp. date: \_\_\_\_\_

ACH *Electronic withdrawal on the 15<sup>th</sup> of the month*

Bank name and routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

**Signature (required):** \_\_\_\_\_

Contributions are deductible for tax purposes to the full extent of the law. Please make checks payable to Hospice of Lenawee and send to **1903 Wolf Creek Hwy., Adrian, MI 49221.**