

# Friends of HOWA

## Pledge of Support

### Giving Levels

- Sustaining Benefactor (\$10,000 and up)
- Sustaining Patron (\$5,000-\$9,999)
- Sustaining Sponsor (\$2,500-\$4,999)
- Sustaining Partner (\$1,000-\$2,499)
- Sustaining Supporter (\$500-\$999)
- Sustaining Contributor (\$100-\$499)

Hospice of West Alabama can count on my annual pledge of \$ \_\_\_\_\_ .

Frequency

- I would like to pay my pledge in full, with one payment each year.
- I would like to pay my pledge in increments each year.
  - Semi-Annually
  - Quarterly
  - Monthly

Method

- I would like to receive invoices for the pledged payments.
  - Please send invoices by email.
  - Please mail invoices to the address listed.
- I would like my credit/debit card charged for the pledged payments.
- I would like my pledged payments to be drafted from my checking account. (Voided check attached.)

Pledges may also be made at [www.hospiceofwestal.com](http://www.hospiceofwestal.com).

*Annual pledges may be discontinued at any time by contacting Hospice of West Alabama.*



3851 Loop Road  
Tuscaloosa, AL 35404

Phone: (205) 523-0101  
Fax: (205) 523-0102  
Toll Free: (877) 362-7522

[www.hospiceofwestal.com](http://www.hospiceofwestal.com)



# Ensuring Care

# About HOWA

Since 1982, meeting the physical, psychological, social and spiritual needs of those touched by terminal illness in West Alabama has been the mission of our agency.

The goal of hospice care is to help patients and their families make a successful transition from aggressive, curative care to a less invasive, comfort-focused plan of care. That concept of symptom relief and pain management enables patients to remain comfortable, alert and capable of participating in life as fully as possible.

Care is patient-centered, designed to honor their wishes and goals. It is provided in a variety of settings – wherever a patient calls home – surrounded by those they love the most. Hospice of West Alabama provides care to patients in their residential homes, long-term care facilities, and assisted living facilities in Bibb, Greene, Hale, Fayette, Lamar, Pickens, and Tuscaloosa Counties.



Inpatient care is available in the 15-bed Helen H. Hahn inpatient facility, located on the grounds of the Tuscaloosa VA Medical Center. Patients may be admitted for pain management, symptom control, short-term respite and other complications related to their terminal illness.

The facility provides a beautiful and comfortable home-like atmosphere with private patient rooms, family gathering areas, kitchen and dining area, hair salon, children's play room, covered patios and courtyard with gazebo and fountain gathering areas.

**HOWA has cared for over 14,000 patients since opening in 1982.**

# Friends of HOWA

Hospice of West Alabama wants to ensure that end-of-life care is always there for the families of West Alabama, no matter what the future brings. We are asking for our community's help to establish the Friends of HOWA program, an ongoing sustaining sponsorship program.

The landscape of healthcare is changing. Regulations and reimbursements for healthcare providers are becoming more stringent.

In addition, our community is experiencing increases in:

- Private insurance premiums and deductibles, making it more difficult for individuals to have health care coverage.
- The number of two-wage earner households with no full-time care giver available.
- Length of life expectancy, creating an aging population with increasing needs for palliative and hospice care.

HOWA finds itself at a new place in time, needing to ensure that adequate funds are always available to cover cash flow needs of the agency in order to continue providing premium end-of-life care to all who are in need. Please give some thoughtful consideration on how you can help.

# Friends of HOWA Pledge of Support

Please complete the following information and return to Hospice of West Alabama, 3851 Loop Road, Tuscaloosa, AL 35404.

## Contact Information (Please print)

Name

Address

City

State

Zip

Phone

Email

## Payment Information

- Check enclosed  
 Visa  MasterCard  Discover  AmEx

Card #

/ /

Exp Date

Security Code

Cardholder Name

Signature

- Please check if you would like to remain anonymous.