

Helping Hands Hospice Guild



Purpose

The Helping Hands Hospice Guild is an all-volunteer group, with a mission to support the work of the Southern California Hospice Foundation (SCHF) through volunteering, community outreach, and special projects. Our guild meets quarterly, & members contribute their time and talent by adopting special projects to support patients during their end-of-life journey.

Your Impact

Past projects have included, “Bags of Love” to be given to each patient served by SCHF, which include items like: lap blankets, prayer cards & non-scented lotions. The guild also adopts patient families during the holidays, provides Thanksgiving meals, and creates Valentine Day cards for our pediatric patients. Guild Members have been able to take part in these special projects by making an annual donation of \$50 which is tax-deductible to maintain membership. Our goal is to gain members and raise funds in order to support patients at the end-of-life.

Member Benefits

- Network at meetings with individuals who share the same interest.
- Opportunity to become an official Southern California Hospice Foundation volunteer and/or receive priority registration on all events.
- Invitations to assist our patients with end-of-life needs or wishes.
- Most importantly, the opportunity to bring a smile on terminally ill patients and their families.

For more information contact:
Michelle Wulfestieg, Executive Director
Michelle@socalhospicefoundation.org | 877-661-0087

Helping Hands Hospice Guild Registration Form

Name(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Membership Start Date: _____

I pledge \$50 tax-deductible contribution to support those at the end-of-life.

- Enclosed is my check made payable to “Southern California Hospice Foundation”
 - \$50 paid in full
- Please charge my credit card: Visa Master Card American Express
 - One payment of \$50 to be charged upon receipt.
- Special rate of \$75 per couple
- I am a student at: _____, therefore, please waive my membership fee.
- I'm not interested in joining, but I would love to donate: \$ _____

Credit card number: _____ Expiration Date: _____

Billing Address: _____

Name on Card: _____

Signature: _____

Please submit to
Michelle Wulfestieg, Executive Director
Michelle@socalhospicefoundation.org
3200 Park Center Dr., Ste. 1250, Costa Mesa, CA 92626

