

Chapel of the Good Shepherd

The Community Chapel at Hopedale Medical Complex

In the Fall of 2019 construction for the Chapel of the Good Shepherd began at Hopedale Medical Complex. The original A-Wing Dining Room is being renovated to house this new community chapel. From beautiful stained glass windows to a quiet sitting area and enhanced lighting to newly installed av/sound equipment, this community chapel will provide those living at the complex a place to meditate and worship.

As the Hopedale Medical Foundation continues to work on this project, please consider making a donation and/or a memorial in honor of your loved one. Donations of any size are graciously welcomed for this project. If there is a specific part of the chapel that you, your family or an organization would like to sponsor, please look at some of our specified donations listed on the donation opportunities page. We thank you for your contribution to the Chapel of the Good Shepherd.



Contact First Name: _____ Contact Last Name: _____

Business/Organization (IF APPLICABLE): _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email Address: _____

Contribution: \$ _____ Remain Anonymous? ___Yes ___No

Please check one: _____ General Donation _____ Memorial Donation
_____ Group Donation _____ Sponsorship

I understand that my donation is due upon sending in the completed form. Donations to The Hopedale Medical Foundation, an IRS 501©(3)organization, are tax deductible to the fullest extent allowed by law. For questions or more information, contact Mindy @ mpeterson-lindsey@hopedalemc.com or 309.449.4290.

Signature: _____

Date : _____



Chapel of the Good Shepherd

Types of Donations & Sponsorships

General Donations-

Donations of any and all sizes are greatly appreciated and accepted. Every donor will be recognized somewhere within the chapel area on the day of the dedication. If you wish to remain anonymous, you may do so by checking that box on the general information page.

Group Donations-

Are you a part of a church, group or organization that would like to donate to the memorial? Consider giving a group donation that showcases your organization's name and your participation in such a worthwhile project.

Memorial Donations-

A memorial plaque is perfect for those who might want to honor a loved one. These small gold memorial plaques will honor those special loved ones in your life. Plaques hold up to 3 lines of text with 16 characters per line. A minimum donation of \$500.00 is requested for this type of honorarium.

Sponsorships-

Is there a specific part of the Chapel of the Good Shepherd you would like to sponsor? Consider making a larger sponsorship donation. Ranging from a minimum of \$1,000 to \$25,000 or more, these unique sponsorship opportunities are listed below. If you are interested in sponsoring an item not listed, please call 309.449.4290.



Sponsorship Opportunities

- | | |
|--|---|
| _____ Good Shepherd Banner - \$500 | _____ Last Supper Framed Picture - \$500 |
| _____ Furnishings for Sitting Area - \$500 | _____ Bible Verse Install in Sitting Area - \$500 |
| _____ Wooden Chair & Kneeler - \$500 each (12-15 total chairs) | |
| _____ Chapel Entrance Doors - \$1000 | _____ Chapel Gold Lettering - \$1000 |
| _____ Altar Linens - \$1000 | _____ Chapel Cross - \$3000 |
| _____ Chapel Crucifix - \$3000 | _____ Stained Glass Door Insert - \$3500 |
| _____ Stained Glass Window - \$3500 each (10 total windows) | |
| _____ Donor/Memorial Wall Components - \$5000 | _____ Sound System - \$5000 |
| _____ AV System - \$5000 | _____ Altar Furniture Refinishing - \$5000 |
| _____ Barnwood Ceiling Cross - \$10,000 | _____ Stations of the Cross - \$10,000 |
| _____ ADA Bathroom - \$25,000 | _____ Lighting & Structural Changes - \$25,000 |

Chapel of the Good Shepherd Donation Form

Donation Type:

Thank you for your donation to the Chapel of the Good Shepherd. All contributions are welcome, regardless of the amount. All donations will be recognized at the dedication of the chapel. Please check the type of donation you would like to give from one of the boxes below.

Option #1
General Donation
(\$1.00 & up) ____

Option #2
Group Donation
(\$1.00 & up) ____

Option #3
Memorial Donation
(\$500.00 & up) ____

Option #4
Sponsorship Donation
(\$500.00 & up) ____

Payment Options -

CHECK - If you would like to pay by check, please make checks payable to Hopedale Medical Foundation and note "CHAPEL" in memo portion of check. All forms and payment should be sent to Hopedale Medical Foundation, Attn: CHAPEL, PO Box 267, Hopedale, IL 61747. Contributions are tax deductible to the fullest extent allowed by law. For more information, contact Mindy at 309.449.4290 or at mpeterson-lindsey@hopedalemc.com.

CREDIT CARD - If you would like to pay by credit card, please go to www.hopedalemc.com and look for the Community Chapel link on the homepage. Click on that link, and choose either to pay with PayPal or pay with a debit or credit card. If you pay by this option, please make sure to email these completed forms to mpeterson-lindsey@hopedalemc.com or mail them to Hopedale Medical Foundation, Attn: CHAPEL, PO Box 267, Hopedale, IL 61747.

Option #1 & 2 - (General or Group Donation)

If you chose option #1 or #2, please fill out this section. If not, please skip to the next section.

Please indicate how you would like to be listed in the donor acknowledgements. Only one symbol per box is allowed and remember to leave a box blank for a space.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that my donation is due upon sending in the completed form. Donations to The Hopedale Medical Foundation, an IRS 501©(3)organization, are tax deductible to the fullest extent allowed by law.

My donor name will be listed as written above.

Signature: _____

Date : _____

Option #3– Memorial Donation

If you chose option #3, please fill out this section. If not, please skip to the next section.

DONOR NAME LISTING—Please indicate how you would like to be listed in the donor acknowledgements. Only one symbol per box is allowed and remember to leave a box blank for a space.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEMORIAL NAME LISTING—Please indicate how you would like the memorial name listed. One symbol per box is allowed and remember to leave a box blank for a space. (Max 3 lines, 16 characters per line)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that my donation is due upon sending in the completed form. Donations to The Hopedale Medical Foundation, an IRS 501©(3)organization, are tax deductible to the fullest extent allowed by law. My donor name and memorial name will be listed as written above.

Signature: _____

Date : _____

Option #4 - Sponsorship Donation

If you chose option #4, please fill out this section, and continue to the next page.

Please indicate how you would like to be listed in the donor acknowledgements. Only one symbol per box is allowed and remember to leave a box blank for a space.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that my donation is due upon sending in the completed form. Donations to The Hopedale Medical Foundation, an IRS 501©(3)organization, are tax deductible to the fullest extent allowed by law. My donor and memorial name will be listed as completed on these forms.

Signature: _____

Date : _____

Option #4 - Sponsorship Donations, Continued

If you would prefer to have your sponsorship be given as a memorial to a loved one, please indicate how you would like the memorial name to be listed. Only one symbol per box is allowed and remember to leave a box blank for a space. (Max 3 lines, 16 characters per line)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark below what item you are interested in sponsoring. Once the form and payment are received, we will reach out to you acknowledging that this item is still available for sponsorship, and confirm receipt of your information.

Sponsorship Opportunities

- | | |
|---|--|
| <input type="checkbox"/> Good Shepherd Banner - \$500 | <input type="checkbox"/> Last Supper Framed Picture - \$500 |
| <input type="checkbox"/> Furnishings for Sitting Area - \$500 | <input type="checkbox"/> Bible Verse Install in Sitting Area - \$500 |
| <input type="checkbox"/> Wooden Chair & Kneeler - \$500 each (12-15 total chairs) | |
| <input type="checkbox"/> Chapel Entrance Doors - \$1000 | <input type="checkbox"/> Chapel Gold Lettering - \$1000 |
| <input type="checkbox"/> Altar Linens - \$1000 | <input type="checkbox"/> Chapel Cross - \$3000 |
| <input type="checkbox"/> Chapel Crucifix - \$3000 | <input type="checkbox"/> Stained Glass Door Insert - \$3500 |
| <input type="checkbox"/> Stained Glass Window - \$3500 each (10 total windows) | |
| <input type="checkbox"/> Donor/Memorial Wall Components - \$5000 | <input type="checkbox"/> Sound System - \$5000 |
| <input type="checkbox"/> AV System - \$5000 | <input type="checkbox"/> Altar Furniture Refinishing - \$5000 |
| <input type="checkbox"/> Barnwood Ceiling Cross - \$10,000 | <input type="checkbox"/> Stations of the Cross - \$10,000 |
| <input type="checkbox"/> ADA Bathroom - \$25,000 | <input type="checkbox"/> Lighting & Structural Changes - \$25,000 |



Hopedale Medical Foundation, Attn: CHAPEL, PO Box 267, Hopedale, IL 61747.
 You will receive a thank you and receipt for your tax records. Thank You!

www.hopedalemccom