

HOPE+HEALING

Capital Campaign for River Hospital

Pledge of Intent to Support River Hospital

Name: _____

Recognition Name(s): _____

(This is how your name/s will appear in recognition listings.)

I/we choose the following naming opportunity: _____

Email Address: _____

Winter Address: _____

City: _____ State: _____ Zip: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Telephone (office): _____ (home): _____

Signature for Pledge: _____ Date: _____

I/we pledge a TOTAL of \$ _____ to River Hospital.

Enclosed please find \$ _____

The remaining commitment will be fulfilled with payments of \$ _____ to be contributed:

Annually Semi-Annually Monthly For: 1 year 2 years 3 years 4 years 5 years

For your convenience, pledge reminders will be mailed to you one month prior to scheduled payment

Enclosed is a check in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

Card type (please circle): Mastercard Visa Discover

Card #: _____ CVV: _____ Exp.: _____

Name as is appears on card: _____

Authorized signature : _____

Other form of gift: _____

My gift is in honor of in memory of _____

Please send an acknowledgement to the following family member or individual:

Name _____

Address _____

