

Filling Out Your Pledge Card

Choose when your pledge will start.

Choose how long you would like to pledge.

Put your total gift here.

Want to start your pledge immediately? Attach your first payment.

Please sign and date your pledge card.

In support of the campaign for the Radiation Care Center at Langlade Memorial Hospital and understanding the need for pledging a gift, I/We gift the total sum of

\$ _____

I/We wish pledge payments to start in: Month: _____ Year: _____ Pledge payable over: 3 years 5 years

Payment will be made: Annually Semi-annually Quarterly Monthly

An initial pledge payment in the amount of \$ _____ is attached.

PLEDGE PAYMENT OPTIONS

I/We wish to make pledge payments by check. Please send pledge payment reminders.

I/We wish to make pledge payments with use of a credit card.

MasterCard Visa # _____

Expiration Date: _____ Name on card: _____

Signature: _____ Date: _____

ALTERNATIVE GIFTING OPTIONS

I/We wish to make a gift other than cash or credit card (such as stock). Please contact me.

A one-time gift amount of \$ _____ is attached.

Bill me for my one-time gift of \$ _____ on (date): _____

I/We wish to make a one-time gift on a credit card. (Please complete credit card information above.)

For acknowledgment and subsequent listing of my/our gift as a contributor to the campaign for the Radiation Care Center at Langlade Memorial Hospital, please recognize my/our contribution as indicated below (please print clearly):

My/Our name _____

Please do not publish my/our name as a contributor to the campaign for the Radiation Care Center at Langlade Memorial Hospital.

For gifts over \$500 – for publication, you may designate that your gift be recognized as indicated below:

In memory of In honor of _____

If available, please reserve _____ as a designated giving opportunity.



The Community Health Foundation
Langlade Memorial Hospital
112 East Fifth Avenue
Antigo, WI 54409
715-623-9455

www.langladememorial.org/htm/communityhealth.htm

The Community Health Foundation has not transferred any goods or services in exchange for this gift. Therefore, the full amount stated may be treated as a deductible contribution in the year given for federal income tax purposes. **Make checks payable to the Community Health Foundation Capital Campaign.**

Your gift can be permanently recognized as you wish.

You may choose to remain an anonymous donor.

See the section called "Ways To Give" for other giving methods.

Print how you'd like to be recognized publicly.