

In support of the campaign for The Community Health Foundation and understanding the need for pledging a gift, /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.



112 E Fifth Avenue  
Antigo, WI 54409  
(715) 623-9455

**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  Discover \_\_\_\_\_

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 acknowledgement and subsequent listing of my/our gift as a contributor to the campaign for The Community Health Foundation, 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 Community Health Foundation.

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 commemorative opportunity.

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.