

Yes, I feel it is time to help make a difference!

I contribute \$ _____ in support of the Bert Fish Medical Center Foundation. This gift demonstrates my commitment to the Foundation's mission of *providing philanthropic support to Bert Fish Medical Center by generating ongoing resources dedicated to improving the health of the community we serve.*

Pledge Information

My contribution is a (check one): 5years 10 years one time commitment

I would like to receive pledge reminder statements to make payment on my pledge according to the following schedule (check one)

Annually Semi-Annually Quarterly Monthly

Date to begin payments (enter month/year): _____

Donor Information

Print Name: _____ Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Payment

Enclosed is my initial gift of \$ _____

By Check (please make checks payable to Bert Fish Medical Center Foundation)

Check # _____

By Credit Card (check type of card)

Visa

MasterCard

AmEx

Discover

Date: / /

Name on card _____

Card Number:

I authorize the BFMC Foundation to debit the credit card above in accordance with the pledge amount and payment scheduled listed on this form. This authorization is to remain in full effect until the full amount of the pledge has been paid or the BFMC Foundation has received written notification of its termination in such a time and fashion as to afford the BFMC Foundation a reasonable opportunity to act on it.

Thank you for your generous support!

Bert Fish Medical Center Foundation

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