

Med Center Health Foundation

PLEDGE FORM

I/We are pleased to support Med Center Health Foundation's initiative(s). Please check one or more of the following:

- Hospitality House Endowment
- Community Clinic and The Dental Clinic
- The Medical Center at Bowling Green
- The Medical Center at Scottsville
- The Medical Center at Franklin
- Cal Turner Rehab & Specialty Care
- Cancer Program
- Medical School Loan Forgiveness Fund
- Advanced Technology Education Endowment
- Other _____

My pledge is for a total of \$ _____ to be paid as follows:

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
2019	_____	_____	_____	_____
2020	_____	_____	_____	_____
2021	_____	_____	_____	_____
2022	_____	_____	_____	_____
2023	_____	_____	_____	_____
2024	_____	_____	_____	_____

I/We have enclosed our first payment of \$ _____

Please bill me/us as a reminder.

I/We prefer to pay by credit card. (Circle one): VISA MasterCard American Express Discover

Electronic Funds Transfer(EFT)* We will need a voided check

Amount: \$ _____

Account/Card Number: _____ Expiration Date: _____

Please automatically charge this account when future pledge payments are due.

Signature(s): _____ **Date:** _____

Please print all information

Name(s): _____
(As you wish it to appear for recognition.)

Address: _____

City: _____ State: _____ Zip: _____

Work: () _____ Cell: () _____ Home Phone: () _____

Email: _____

SPECIAL INSTRUCTIONS:

I/We wish this gift to be anonymous.

In Honor of: _____

In Memory of: _____

Checks should be made payable to Med Center Health Foundation. Gifts to the Foundation are deductible as allowed by law.