



YOUR NAME _____ DATE: _____

HOW MY NAME SHOULD APPEAR FOR CAMPAIGN RECOGNITION OPPORTUNITIES:

I WISH TO REMAIN ANONYMOUS

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

FOR MULTIPLE INSTALLMENT PLEDGES, PLEASE REMIND ME VIA: E-MAIL PHYSICAL MAIL

.....
A. I/WE PLEDGE \$ _____ TO FHCHC's CAPITAL CAMPAIGN.

I/WE PLEDGE TO MAKE MY GIFT IN ONE TOTAL PAYMENT IN _____ (MONTH/YEAR)

I/WE PLEDGE TO MAKE RECURRING PAYMENTS OF:

\$ _____ PER INSTALLMENT SEMI-ANNUALLY ANNUALLY MONTHLY

START _____ / _____ END _____ / _____
MONTH YEAR MONTH YEAR

B. I/WE PLEDGE TO MAKE AN ESTATE GIFT OF \$ _____

By including a bequest to FHCHC in your will or living trust, you are ensuring that we can continue our mission for years to come.

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PAYMENT OPTIONS: MADE PAYABLE TO FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

CHECK STOCK DIRECT DEPOSIT CREDIT CARD

CARD NO. _____ EXP. DATE _____ CID # _____

.....
CONFIRMATION

YOUR NAME _____ DATE _____

(Please print or sign your name to confirm your pledge.)