



GIFT & PLEDGE STATEMENT

Name _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 E-Mail _____

Giving Level	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other amount _____
	<input type="checkbox"/> Sustainers Circle – ongoing monthly deductions of \$ _____ until I request a change (credit card or EFT only)

<i>Please use my gift for</i>	<input type="checkbox"/> Greatest Needs (Foundation determines best use for equipment, programs and patient support)
	<input type="checkbox"/> 3D Mammography <input type="checkbox"/> Women's Health
	<input type="checkbox"/> Nurses Scholarships <input type="checkbox"/> Community Wellness Grants

<i>This gift is given</i>	<input type="checkbox"/> In Memory of _____
	<input type="checkbox"/> In Honor of _____
	<input type="checkbox"/> To Thank Caregivers

Payment Method	<input type="checkbox"/> Full payment
	<input type="checkbox"/> Pledge to be paid <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually. First installment date - _____ mm/dd/yy

Check or money order payable to SPH Foundation. (full payment or first pledge installment)

Credit Card (full payment or pledge installments) _____ Mastercard _____ Visa _____ American Express _____ Discover

Card # _____ Expiration _____ CV2 code _____
(month and year) (back of card above signature)

Electronic Funds Transfer (full payment or pledge installments)

Name of Financial Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

Routing & Account # _____ Checking Savings Money Market

I hereby authorize the Sauk Prairie Healthcare Foundation to deduct my gift from the credit card or account listed above.

Signature _____ **Date** _____

Your gift will be celebrated in our donor honor rolls unless you request anonymity by checking this box.
 Please send no-obligation information on wills and estate planning.

Sauk Prairie Healthcare Foundation
 260 26th Street, Prairie du Sac, WI 53578
 P: 608-643-7226 E-Mail: Foundation@SaukPrairieHealthcare.org

Give securely online at www.SaukPrairieHealthcare.org/give.