

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:

- Advanced Technology Education Endowment
- Cal Turner Rehab & Specialty Care
- Cancer Program
- Community Clinic and The Dental Clinic
- Health Sciences Complex Simulation Lab/Education
- Hospitality House Endowment
- The Medical Center at Albany
- The Medical Center at Bowling Green
- The Medical Center at Caverna
- The Medical Center at Franklin
- The Medical Center at Scottsville
- Other _____

800 Park Street
Bowling Green, KY 42101
270-796-6519
mchealth.foundation



**Med Center
Health.**
Foundation

MY PLEDGE IS FOR A TOTAL OF \$ _____ TO BE PAID AS FOLLOWS:

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
2021	_____	_____	_____	_____
2022	_____	_____	_____	_____
2023	_____	_____	_____	_____
2024	_____	_____	_____	_____
2025	_____	_____	_____	_____

- I/We have enclosed our first payment of \$ _____ ◀ Payable to **Med Center Health Foundation**
- Please bill me/us as a reminder.

I/WE PREFER TO PAY \$ _____ BY (CHECK ONE):

- VISA MasterCard American Express Discover
- Electronic Funds Transfer (EFT) We will need a voided check.

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 be listed 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: _____

We recommend you check with your tax advisor regarding the deductibility of your gift.