



Pledge Form

Whether small or large, your gift will make a difference in the lives of those receiving services through Daviness Community Hospital. Please print this form, fill it in, and mail it to Daviness Community Hospital Foundation, 1314 East Walnut, Washington, IN 47501, or call (812) 254-8858 with any questions.

DONOR INFORMATION:

Name: _____ Check here if you wish to remain ANONYMOUS.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

GIFT PLEDGE AMOUNT: \$ _____

Please use where there is "Greatest Need" Designate for: _____

PAYMENT METHOD:

This pledge will be paid over a period of _____ years, beginning with my first gift on _____.

Please send reminders: Annually on _____ Semi-annually on _____

Quarterly on _____ Monthly on _____

Please make checks payable to: Daviness Community Hospital Foundation

Credit Card: All major credit cards accepted.

Credit Card Number: _____ Exp Date: _____

Cardholder Name: _____

Signature: _____

MY GIFT IS (please print):

In Memory of: _____

In Honor of: _____

PLEASE SEND ACKNOWLEDGEMENT TO:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

ABOUT DAVIESS COMMUNITY HOSPITAL FOUNDATION:

Daviness Community Hospital Foundation is a not-for-profit 501(c)(3) organization. All gifts are tax deductible as allowed by law. Please consult your financial advisor.

Community is our middle name