

In support of the campaign for Woodlawn Hospital, and understanding the need for pledging a gift, I/we gift the total sum of \$ _____.

Name _____
Address _____
Phone _____

I/We wish pledge payments to start in: Month: _____ Year: _____ Pledge payable over: 3 years 5 years

Payment will be made: Annually Semi-annually Quarterly Monthly

An initial pledge payment in the amount of \$ _____ is attached.

I/We wish to make pledge payments by check. **Please send pledge payment reminders.**



1400 E Ninth Street
Rochester, IN 46975
574-224-1179

ALTERNATIVE GIFTING OPTIONS

I/We wish to make a gift other than cash or credit card (such as stock). Please contact me.

A one-time gift amount of \$ _____ is attached.

I/We wish to make a gift by donating bushels of grain. **(Please fill in bushel information below.)**

OR → I/We wish to gift a total of \$ _____ worth of _____ (corn, soybeans, or other) per year, for:
 3 Years 5 Years Gifting to begin in year: 2008 2009

I/We wish to gift _____ (# of bushels) bushels of _____ (corn, soybeans, or other) per year, for:
 3 Years 5 Years Gifting to begin in year: 2008 2009

For acknowledgment and subsequent listing of my/our gift as a contributor to the campaign, please recognize my contribution as indicated below (please print clearly and limit to 45 characters):

My/Our name _____

Please **do not** publish my/our name as a contributor to the campaign for Woodlawn Hospital.

For gifts over \$500, you may designate that your gift be recognized as indicated below (please limit to 45 characters):

In Memory of In Honor of _____

Signature _____ Date _____

Woodlawn Hospital has not transferred any goods or services in exchange for this gift. Therefore, the full amount stated may be treated as a deductible contribution in the year given for federal income tax purposes. **Make checks payable to Woodlawn Hospital.**