



Capital Campaign
Pledge of Support

I/We support the mission of Civista Health Foundation and wish to invest in the future of my/our community hospital. Accordingly, I/we are making a pledge to the Civista Health Foundation capital campaign. The terms of my/our gift are outlined below.

Designation of Pledge: Please indicate the dollar amount you wish to pledge each year over the number of years you specify below.

My/Our gifts will be completed over _____ years, beginning in _____ of _____.
(1 to 3) (Month) (Year)

Amount May Differ Each Year

Year 1	\$ _____
Year 2	\$ _____
Year 3	\$ _____
Total	\$ _____

I/We will complete my/our investment installments in the following manner:

___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

Or, describe alternate payment schedule here: _____

Name _____

Address _____

Telephone _____

Signature _____

_____ Date

Signature _____

_____ Date

Recognition:

___ I/We wish my/our gift to be anonymous ___ I/We wish to be acknowledged for my/our gift

On the line below, please print how you would like your name(s) to appear in print.

Contributions are tax deductible as provided by law. Checks should be made payable to Civista Health Foundation. Questions should be directed to: Susan Vogel, Executive Director, Civista Health Foundation at 301.609.4132.

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