PLEDGE FORM

Lakes Regional Healthcare Foundation
An Avera Partner

BUILDING THE FUTURE OF EMERGENCY CARE

Donor Name(s) _____

Organization (if applicable) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Here is how I/We want names listed for recogniton _____

Donation Method | Please check all that apply | Total Pledge _____

All commitments can be paid in installments

_____ **Cash**
_____ **Check**
_____ **Electrionic Funds Transfer (EFT**
_____ **Pledge**

_____ **Agriculture or Gifts of Grain**
_____ **Real Estate**
_____ **Planned Giving and Estate Gifts**
_____ **Retirement Accounts**
_____ **Gift of Stock**

_____ **My company will match my/our gift** **Company name** _____

Payment Options:

_____ **-year pledge** **Initial payment $** _____ **Start Date** _____

The remainder of my/our commitment will be fulfilled with payments of $ _____ **, contributed:**

_____ **annually** _____ **semi-annually** _____ **quarterly** _____ **monthly**

Signature _____ **Date** _____

Lakes Regional Healthcare Foundation is a 501(c)(3) nonprofit organization.
Donations are tax deductible. Please make checks payable to:
LRH Foundation | PO Box AB, Spirit Lake, Iowa 51360

Solicitor (s) _____

THANK YOU FOR YOUR SUPPORT!