

Heart of America Medical Center

Build 2024 Capital Campaign

Gift / Pledge Form

800 S Main Ave Rugby ND 58368

| (701) 776-5455 Ext 2149

| Build2024@HAMC.com

DONOR INFORMATION (please print clearly)

Last Name: _____ First Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

GIFT INFORMATION

I (we) commit a total of \$ _____ Amount enclosed \$ _____ Remainder pledge \$ _____

PAYMENT PLAN (choose an option)

A) I will make a single payment in full on <Date> _____ / _____ / 20_____

B) I (we) wish to have this donation spread over: 1 2 3 4 5 year(s)

My first payment will be made on ____/____/2022, and then: monthly annually

PLEDGE REMINDERS (choose an option)

- Pledge reminders will not be needed.
- Send pledge reminders via US Mail to the address above.
- Send pledge reminders via E-mail to the address above.

PAYMENT METHOD To set up Automatic Withdrawal, make gift(s) on a credit card or transfer assets, contact Darcie Rose, Foundation Director, at (701) 776-5455 Ext 2149 or drose@HAMC.com. If not in, please leave a message.

I (we) plan to make my (our) contribution in the form of:

- Check(s)
- Automatic Withdrawal from checking or savings
- Credit card (Visa, MasterCard, Discover, Amex)
- Direct transfer from IRA
- Stocks, Land, Crop Produce or Other Assets

RECOGNITION (Note: Gift amounts remain private. Only names are recognized.)

- For any public recognition, list our name(s) as _____
- I/we prefer to remain anonymous.

LOOKING AHEAD

- I have / will consider naming the Good Samaritan Health Services Foundation in my estate plans.

DONOR SIGNATURE

Date: _____

Make checks payable to: GSHS Foundation, and write "Build 2024" in the memo line.
The mailing address is above. Donations are tax deductible as provided by law.