

Extraordinary Visions

Gift Form

I/we pledge \$ _____ to the Extraordinary Visions Campaign.

Pledge

\$ _____ will be paid over: 2 years 3 years 4 years 5 years

I/We intend to make payments: monthly quarterly semi-annually annually

Payments will begin (month/year) _____

Please send reminders, based on the above schedule. I/We do not wish to receive reminders.

Outright Contribution

\$ _____ will be a one-time gift:

Check enclosed (payable to Mary Greeley Medical Center Foundation)

Please charge this gift of to my/our credit card: MasterCard Visa Discover Am. Ex.

Card Number _____ Exp. Date: _____

Signature: _____ Date: _____

I/We wish to make a gift of property: stocks/securities real estate other _____

This pledge/gift is: Personal Corporate

Gift notes: _____

Please contact me about the following:

Making a gift of stock

Greeley Society (making a deferred gift in my will, life insurance, estate planning, etc.)

I have already included Mary Greeley Medical Center in my will

Donor Information

Name for recognition: _____

I/We want this gift to remain anonymous.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Please direct questions to:

Melissa Johansen, Director of External Relations

Checks should be made payable to:

Mary Greeley Medical Center Foundation

1111 Duff Avenue

Ames, IA 50010

515-239-2147