



Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

This gift should also be credited to my spouse/partner: _____

I would like to contribute:

\$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Please designate my gift:

- Area of Greatest Need
- Hospice
- Other: _____
- William R. Bliss Cancer Center
- Staff Excellence Fund

Payment Method

Enclosed is my check for \$ _____ (payable to the Mary Greeley Foundation)

Please charge my: MasterCard Visa Discover

Credit Card # _____ Expiration Date _____ CVV _____

Cardholder Signature: _____

My/Our gift is a **Pledge** payable over _____ years in equal installments of \$ _____ beginning in _____ (month/year).

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

Please send pledge reminders based on the above schedule.

My/Our gift will be enhanced by a matching gift from the following company: _____

I/We have included the Mary Greeley Medical Center Foundation in our will.

I/We wish to learn more about how to make a deferred gift to the Mary Greeley Foundation and become a member of the Greeley Society.

Memorial and Tributes (optional)

This gift is in memory / honor of _____

Please send an acknowledgement of this gift to

Name(s) _____

Address _____

City _____ State _____ Zip _____