



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
- Mental Health Services
- Mary Greeley Hospice Services
- Diabetes and Nutrition Education Center
- William R. Bliss Cancer Center
- Other: _____

Payment Method

- Enclosed is my check for \$ _____
(made payable to Mary Greeley Medical Center Foundation)
- 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 _____