



Honoring the Legacy, Building the Future

Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Yes! I/We would like to support the Lewis County Hospital Foundation's Capital Campaign.

- Gift of \$ _____
- Pledge of \$ _____ to be paid in _____ payments of \$ _____ each. (Pledges may be paid over three to five years).

Payment 1 \$ _____ Payment Date _____

Payment 2 \$ _____ Payment Date _____

Payment 3 \$ _____ Payment Date _____

Payment 4 \$ _____ Payment Date _____

Payment 5 \$ _____ Payment Date _____

- My donation is unrestricted and may be used where it is needed most.
- My donation is restricted to _____.
- Please send me information on naming opportunities.

Payment Options

- Check enclosed. Please make checks payable to: **Lewis County Hospital Foundation.**
- Please charge my credit card. Visa MasterCard

Card Number: _____ Exp. Date: _____ CVV: _____

Donor Signature

Date

Gifts to the Lewis County Hospital Foundation are tax-deductable to the fullest extent of the law. Please mail your completed donation form to: **Lewis County Hospital Foundation, 7785 North State Street, Lowville, NY 13367.**