

LEWIS COUNTY HOSPITAL FOUNDATION
1931
Legacy Society

Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Email: _____

Yes! I would like to support the Lewis County Hospital Foundation's 1931 Legacy Society. (Minimum donation of \$5,000)

Gift of \$ _____

Please make checks payable to: **Lewis County Hospital Foundation.**

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

Payment 1 \$ _____ Date _____

Payment 2 \$ _____ Date _____

Payment 3 \$ _____ Date _____

Payment 4 \$ _____ Date _____

Payment 5 \$ _____ Date _____

Please send me annual pledge payment reminders.

Signature: _____ Date: _____

Thank you for investing in the future of our hospital. Gifts to the Lewis County Hospital Foundation are tax-deductible to the fullest extent of the law as no goods or services are provided in consideration of a gift. Please mail your completed donation form to: **Lewis County Hospital Foundation, 7785 North State Street, Lowville, NY 13367.**