



Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Founding Member: To become a 1931 Legacy Society *Founding Member*, a minimum donation of \$5,000 must be made to the Lewis County Hospital Foundation.

Visionary Member: To become a 1931 Legacy Society *Visionary Member*, a minimum donation of \$25,000 must be made to the Lewis County Hospital Foundation.

Pledge of \$ _____ to be paid in _____ payments of \$ _____
Total Pledge Amount No. of Payments Annual Payment Amount

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: _____

Please mail your completed donation form to: **Lewis County Hospital Foundation, 7785 North State Street, Lowville, NY 13367.** Please make checks payable to: **Lewis County Hospital Foundation.**