

2023 CAPITAL CAMPAIGN PLEDGE FORM

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Hillsdale Hospital is a 501(c)3 nonprofit. Your gift is tax deductible to the extent allowed by law.

STEP ONE Choose your pledge amount and payment plan.

Total Pledged Amount: \$1,000 \$2,500 \$5,000 \$10,000 \$ _____

Amount per Installment: \$ _____ **Frequency:** Monthly Quarterly Custom: _____

of Installments: _____ (Pledges must be fulfilled by June 30, 2025.)

Pledge forms received by the 20th of the month will have first installments billed/charged on the 1st of the following month.

STEP TWO Choose your capital equipment item to help fund.

You may distribute your total gift amount among different items if you choose.

- \$ _____ Echocardiogram Machine
- \$ _____ HVAC Controls & Cooling
- \$ _____ Hana Fracture Table
- \$ _____ HUGS Infant Security System
- \$ _____ Workstations on Wheels (WoW)
- \$ _____ Generator for Hillsdale Orthopedics

If none selected OR if the item you select is fully funded at the time your donation is received, your gift will be used where needed most.

My gift is: In memory of In honor of
Name _____

Please notify the following person/family:

Name _____

Address _____

City _____ State _____ Zip _____

STEP THREE Choose your payment method.

Credit Card: Please charge my card on the 1st of the month each installment is due.

AMEX Discover MasterCard VISA CC# _____-_____-_____-_____- Exp. ____/____

Check: Please send me a statement for each installment as they come due.

By signing below, I pledge to fulfill my total pledged amount according to the payment plan identified above.

Signature _____ Date _____

Return form to: Hillsdale Hospital, Attn: Development, 168 S. Howell Street, Hillsdale, Michigan 49242

HILLSDALE STRONG.
Hillsdale First.

