

Imaging and Surgical Services Campaign

I/We, _____, friend/s of Woodland Healthcare Foundation in Woodland, California, commit to fulfill my pledge to the imaging and surgical services campaign.

Total Amount of Gift: \$ _____

- ANNUAL** - Payments will be made in annual installments of \$ _____ over 3 4 5
 (other) _____ years beginning *Month* _____, *Year* _____.
- BI-ANNUAL** - Payments will be made in bi-annual installments of \$ _____ every 6 months
over 3 4 5 (other) _____ years beginning *Month* _____, *Year* _____.
- QUARTERLY** - Payments will be made in quarterly installments of \$ _____ every 3 months
over 3 4 5 (other) _____ years beginning *Month* _____, *Year* _____.
- First installment of \$ _____ is enclosed.
- I/we are interested in naming opportunities.
- My gift is to be kept anonymous.
- I have included Woodland Healthcare Foundation in my estate plans (will or trust).
- Other (Please describe) _____

Credit Card payments are acceptable. The Woodland Healthcare Foundation staff will work directly with donors to ensure confidentiality.

Signature

Name (please print)

Signature

Name (please print)

Address, City, State, Zip

Daytime Phone

Date

Accepted by Woodland Healthcare Foundation

Date

Please return your completed pledge form to your Campaign Representative or return to:

Woodland Healthcare Foundation
1321 Cottonwood Street, Suite 207, Woodland, CA 95695
(530) 669-5680