



I'd like to help

It is my/our pledge to contribute to
the Arroyo Grande Community Hospital
Foundation with a gift in the amount of:

\$ _____

I/We wish to divide this gift into payments as follows:

2007 \$ _____ 2008 \$ _____ 2009 \$ _____

I/We will fulfill the pledge: (reminders will be sent 30 days prior)

Quarterly Semi-annually Annually

My/Our initial gift of \$ _____ is enclosed.

(Make checks payable to: Arroyo Grande Community Hospital Foundation)

I/We prefer to charge my/our donation of \$ _____.

Card Type: Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: Mo _____ Yr _____

Mailing address:

Street _____

City _____

State _____ Zip _____

Daytime Phone _____

Email _____

Signature(s):

_____ Date: _____

_____ Date: _____