2020 Pledge Agreement



Arroyo Grande Community Hospital Foundation 345 S. Halcyon Road / Arroyo Grande, CA 93420 Phone: 805/994-5419 Fax: 805/994-5434 shelby.mclean@dignityhealth.org

This agreement confirms my pledge to make a tax-deductible gift to the Arroyo Grande Community Hospital Foundation to support the Carrol Pruett Philanthropic Fraternity for 2020.

Nove	ember 1,		rrol Pruett Philanthropic Fra hever is sooner). The payn	-			able over 12	2 months or by	
0	\$1,000 one-time payment for 2020 membership				0 \$500 Semi-annually payments (preferred months &				
0	\$250 quarterly payments (January, April, July, October)				(please indicate # of months) monthly payments of \$				
Ο	O My initial payment of \$ is enclosed or will b)		
Ο	O I would like to make an additional contribution of \$								
Arroyo Grande Community Hospital Foundation will send a reminder prior to the due date. Please make checks payable to: Arroyo Grande Community Hospital Foundation.									
I prefer to charge my donation of \$									
Card	Туре:	O Visa	O MasterCard	O Di	scover	O American	Express		
Card Number:						_ Exp. Date:	/	CCV#:	
O Use this credit/debit card this time only									
${\sf O}$ Charge this credit/debit card on the day of the month for my recurring payment indicated above.									
The following is the manner in which my name is authorized to appear on any official/public recognition by the Foundation: (Please type or print)									
And	And list my gift: O In Memory of:								
And list my gift: O In Memory of: O In Honor of:									
O Please do not list my name as I wish to remain anonymous.									
Your name (please type or print):									
Mailing Address:						City, State, Zip:			
Billing Address (if different than above):						City, State, Zip:			
Phone: E-mail Address:									
Signature:							Date:		