



# 2021 Commitment Agreement

Arroyo Grande Community Hospital Foundation  
345 S. Halcyon Road / Arroyo Grande, CA 93420  
Phone: 805/994-5419 Fax: 805/994-5434  
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This agreement confirms my commitment to make a tax-deductible gift to the Arroyo Grande Community Hospital Foundation to support the Hoelle Tompkins Sisterhood Society for 2021.

I will contribute to the Hoelle Tompkins Sisterhood Society a total of \$1,000.00 payable over 12 months or by November 1, 2021 (whichever is sooner). The payments will be made as follows:

I will fulfill the commitment:

- \$1,000 one-time payment for 2021 membership
- \$500 Semi-annually payments (preferred months \_\_\_\_\_ & \_\_\_\_\_)
- \$250 quarterly payments (January, April, July, October)
- \_\_\_\_\_ (please indicate # of months) monthly payments of \$ \_\_\_\_\_
- My initial payment of \$ \_\_\_\_\_ is enclosed or will begin on \_\_\_\_\_
- 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 Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CCV#: \_\_\_\_\_

- Use this credit/debit card this time only
- 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 list my gift:  In Memory of: \_\_\_\_\_  
 In Honor of: \_\_\_\_\_

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: \_\_\_\_\_