



2019 Pledge Agreement

Arroyo Grande Community Hospital Foundation
345 S. Halcyon Road / Arroyo Grande, CA 93420
Phone: 805/994-5421 Fax: 805/994-5434
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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 2019.

I will contribute to the Carrol Pruett Philanthropic Fraternity a total of \$1,000.00 payable over 12 months or by November 1, 2019 (whichever is sooner). The payments will be made as follows:

I will fulfill the pledge:

- \$1,000 one-time payment for 2019 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 _____

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/our 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: _____