



PLEDGE OF INTENT TO SUPPORT COMMUNITY MEMORIAL HOSPITAL

CAMPAIGN LEADERSHIP

David Hennessey,
Co-chair

Richard Rath,
Co-chair

FUNDRAISING STEERING COMMITTEE

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STAFF

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Relations Manager

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cmhsumner.org

Donor(s) Name: _____

E-mail Address: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone (office) _____ (home) _____

I/we pledge a TOTAL of \$_____ to the Community Memorial Hospital capital campaign. Enclosed please find \$_____.

The remainder of this commitment will be fulfilled with payments of \$_____ which will be contributed:

annually semi-annually quarterly monthly
for: 1 year 2 years 3 years

I wish to give monthly through Electronic Funds Transfer.
(The Foundation office will contact you for more information.)

My/my spouse's company will match my/our gift: _____
Company Name(s)

Other form of gift: _____

Please contact me about a stock or estate planned gift.

Individual name(s) to be listed for gift recognition:

My gift is in honor of or in memory of _____
Name

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to: Friends of CMH Foundation
909 West First Street
P.O. Box 148
Sumner, IA 50674
(563) 578-3275