

# Heart of America Medical Center

## Build EMS Campaign

### Gift / Pledge Form

2975 Highway 2 East, Rugby, ND 58368

Foundation Office (701) 776-5455 Ext 2218

mmhaman@hamc.com

#### DONOR INFORMATION (please print clearly)

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### GIFT INFORMATION

I/we commit a total of \$ \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_ Remainder pledge \$ \_\_\_\_\_

#### PAYMENT PLAN (choose an option)

A) I/we will make a single payment in full on <Date> \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_  
B) I/we will wish to have this donation spread over:  1  2  3  4  5 years(s)  
My first payment will be made on \_\_\_\_ / \_\_\_\_ /2024, and then:  monthly  annually

#### PLEDGE REMINDERS (choose an option)

Pledge reminders will not be needed.  
 Send pledge reminders via US Mail to the address above.  
 Send pledge reminders via E-mail to the address above.

**PAYMENT METHOD** To set up Automatic Withdrawal, make gift(s) on a credit card or transfer assets, contact McKayla Haman, Foundation Coordinator, at (701) 776-5455 Ext 2218 or [mhaman@hamc.com](mailto:mhaman@hamc.com). If not, please leave a message.

I/we plan to make my/our contribution in the form of:

Check(s)  Direct transfer from IRA  
 Automatic Withdrawal from checking or savings  Stocks, Land, Crop Produce or Other Assets  
 Credit card (Visa, MasterCard, Discover, Amex)

#### RECOGNITION (Note: Gift amounts remain private. Only names are recognized.)

For any public recognition, list our name(s) as \_\_\_\_\_.  
 I/we prefer to remain anonymous.

#### LOOKING AHEAD

I have/will consider naming the Good Samaritan Health Services Foundation in my estate plans.

#### DONOR SIGNATURE

Date: \_\_\_\_\_

Make checks payable to: GSHS Foundation and write "Build EMS" in the memo line.

The mailing address is above. Donations are tax deductible as provided by law.