

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. 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.