



A New Cancer Center: The Building of Hope and Healing
Campaign Pledge Form

Thank you for your willingness to support Guernsey Health Foundation's efforts to assist Southeastern Med's \$4 million campaign in its plans to build a new Cancer Center to better serve our community and region.

Amount of Gift: \$_____ to support the new Cancer Center facility construction.

_____ This will be a one-time gift. _____ This gift commitment will be pledged over _____ (# of years).

I prefer to make pledge payments to the Guernsey Health Foundation:

_____ Monthly _____ Quarterly _____ Semi-annually _____ Annually Beginning: _____
(enter date)

We will send pledge reminders that match the payment of your pledge (Quarterly pledges – March 1, June 1, September 1, and December 1; Semi-annual pledges – June 1 and December 1; Annual pledges – December 1).

Recognition and Public Promotion

_____ I give permission to publicize my gift and list me/us as a campaign supporter.

_____ I give permission to publicize my name but not the amount.

_____ I would like to remain anonymous.

Donor Name(s) (as will appear in Campaign Report): _____

I would like my gift to be made "In Memory/Honor of": _____

Printed Donor Name Signature Date

Mailing Address (for tax/thank you letter): _____, _____, _____, _____
Street City State Zip Code

Email address: _____ Phone Number: _____

Please submit your original pledge form and contribution(s) to:
Guernsey Health Foundation
Attn: Capital Campaign
1341 Clark Street, Cambridge, Ohio 43725
Questions? Call 740-439-8112.