



Donor(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

TERMS OF PLEDGE

I am supporting this campaign today with a gift of:

- Major Donor \$25,000 and above
- Diamond \$24,999-\$10,000
- Multiple year pledge payments:
(only for pledges \$10,000 or above)

Amount of pledge \$ _____

Begin date _____

- 3 yrs 4 yrs 5 yrs

- Emerald \$9,999-\$5,000
- Platinum \$4,999-\$2,500
- Gold \$2,499-\$1,000
- Silver \$999-\$500
- Bronze \$499-\$100

METHOD OF PAYMENT

- Check Payable to:
The Bellin Health Foundation
- Online Gift: Visit bellin.org/donate
- Planned Gifts and Stock (Please contact the Bellin Health Foundation for more info)

Please bill me:

- Annually Monthly
- Quarterly Other: _____

My/Our gift will be matched by:

- Matched gift enclosed
- Match gift form will be sent

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

10% of all temporarily and permanently restricted gifts will be used for the work of The Bellin Health Foundation to engage in fundraising and philanthropy activities to support the programs and services of Bellin Health. (Policy details and exclusions are posted on our website @ Bellin Health Foundation)