



Capital Campaign Pledge Commitment Form

Donor Information			
Name(s):			
Business Name (if applie	cable):		
Home/Business Address	ss:		
City:		State:	Zip Code:
Cell Phone:	Preferred (Contact Metho	d:
Donation Information			
Quarterly Quearly	\$ payroll in instal	llments of \$_	
This contribution is in	the form of: Ocash Oc	check () payro	oll deduction Oother:
Gift will be matched by	(company/foundation)	:	
	○ For	rm enclosed	○ Form will be forwarded
- \$		unity at Rockhi	lless indicated below: Ell: Healthcare Center, or Telford: Farmhouse & Barn
Acknowledgment			
Please use the following		_	cknowledgments and recognition:
 ○ I (we) wish to have or	ır gift remain anonymo		
This gift is in honor/m	emory of:		·
Signature(s):			
			Date:
			Date