



Donor Gift / Pledge Form

Rooks County Healthcare
Foundation

Outright Contribution

___ I/We wish to make an outright gift of \$ _____ payable to Rooks County Healthcare Foundation (check enclosed).

___ Please charge this gift of \$ _____ to my/our credit card (authorized signature required at bottom of form).

Mastercard ___ Visa ___ Discover ___

Card Number _____ Expiration Date _____

___ I/We wish to make a gift of property ____, stocks ____, other _____

Deferred Gift

___ I/We wish to make a deferred gift through:

___ Bequest in Will Provision ___ Life Insurance

___ Charitable Remainder ___ Life Estate

Appropriate documentation of a deferred gift is requested.

Estimate Value _____

Pledge

___ I/We pledge to make a total gift of \$ _____ in equal distributions of \$ _____ beginning in _____ (month/year).

I/We intend to make payments: ___ Monthly ___ Quarterly
 ___ Semi-Annually ___ Annually

Name(s): _____

Name preferred for publication: _____

Home Address: _____

City: _____ State/Zip: _____ Day Phone: _____

Signature (s) _____