



THE MEMORIAL HOSPITAL CAPITAL
CAMPAIGN

PLEDGE CARD

Pledge Amount \$ _____

Name _____

Address _____

Donor Signature _____

Date _____

Payment Method:

- _____ Check
- _____ Bank Draft (Attached Voided Check)
- _____ Payroll Deduction (Complete Form)
- _____ Bill
 - _____ Annually (_____ per year)
 - _____ Quarterly (_____ per quarter)