



# LEGACY OF COMPASSIONATE CARE PLEDGE FORM

**DONOR INFORMATION (PLEASE PRINT OR TYPE)**    Personal    Corporate    Foundation

**NAME(S):** \_\_\_\_\_

**BUSINESS NAME (if corporate gift):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_      **PHONE:** \_\_\_\_\_

**NAMING / GIVING OPPORTUNITY:** \_\_\_\_\_

**1. TOTAL DONATION AMOUNT:** \_\_\_\_\_

**2. PAYMENT: (beginning \_\_\_\_\_, 20 \_\_\_\_\_) All pledges will end December 2027**

- One-Time**
- Annually**    # of years (circle one)      1    2    3    4    5
- Quarterly** (March, June, September, December)
- Monthly**

**3. METHOD:**

- Check** – Payable to Premier Community Healthcare    ***Memo Line:** Capital Campaign*
- Credit Card** (circle one):    Amex      Visa      Mastercard      Discover

**CARD #:** \_\_\_\_\_      **EXP:** \_\_\_\_\_      **CVV:** \_\_\_\_\_

- EFT** (Please attach voided check and sign below)
- Stock** (A representative from PCHC will contact you)
- Invoice Me**

**4. OTHER OPTIONS:**

- Anonymous:** I/we wish to remain Anonymous
- Matching Gift: Gift will be matched by:** \_\_\_\_\_  
*Please enclose or forward any required gift matching forms.*

**Tribute Gift:** This Gift is in Honor/Memory of (circle one) of: \_\_\_\_\_

**Planned Gift:** Please contact me/us about making an estate or planned gift.

**Who should we send an acknowledgement to? (name and address)**

\_\_\_\_\_

**DONOR SIGNATURE(S):** \_\_\_\_\_      **DATE:** \_\_\_\_\_

### THANK YOU FOR YOUR CONTRIBUTION!

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION FOR PREMIER COMMUNITY HEALTHCARE.(#CH21754) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE OR VISITING THEIR WEBSITE, <https://csapp.800helpfla.com/cspublicapp/giftgiversquery/giftgiversquery.aspx>. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

For more information contact: Cheryl Pollock,  
**CPollock@HCNetwork.org** or 813-352-518-2000 x9012.  
Signed pledged forms can be emailed to:  
**RBennett@HCNetwork.org** or mailed to:  
Premier Community HealthCare Attn: Community Engagement Dept. P.O.  
Box 232, Dade City, FL 33526