



A VISION INSPIRED: 2020 CAPITAL CAMPAIGN

"For you, your family and community"

YES! I would like to support the St. Francis Regional Medical Center's healthcare campus through "A Vision Inspired: 2020 Capital Campaign".

- I/we subscribe and agree to support "A Vision Inspired: 2020 Capital Campaign", and pledge to contribute the total sum of \$ _____
- I/we prefer: to pay the entire amount now \$ _____ 2 yr pledge and will pay \$ _____ now. 3 yr pledge and will pay \$ _____ now.
- Another payment method (Explain): _____

Check enclosed (*Payable to the Saints Foundation, memo line: A Vision Inspired*)

- Charge my credit or debit card: One-time gift of \$ _____ Monthly gift of \$ _____ on the ____ of each month.
- Once a year for 2 yrs in the amount of \$ _____ on (Day) ____ (Month)
- Once a year for 3 yrs in the amount of \$ _____ on (Day) ____ (Month)

Visa MasterCard American Express Card Number: _____ Expiration: _____ / _____ Security Code: _____

Name of card holder: _____ Signature: _____ Date: _____