

St. Francis Family Birth Place



saints
FOUNDATION

ST. FRANCIS
Regional Medical Center

www.saintsfoundation.org

Pledge Card

Yes! I/We would like to make the following donation to the Family Birth Special Care Nursery Expansion and Renovation Campaign of \$_____

1. My information:

Name: _____

Please print donor name(s) as you would like to be listed.

Address: _____

Email: _____

City: _____

State: _____

Zip: _____

I/We wish to remain anonymous. (Name not listed in recognitions.)

2. Consider me/us a partner!

Donation Amount

Donation : \$500 \$250 \$100 \$50 Other \$_____

Recurring monthly gift of: \$125 \$100 \$50 Other \$_____

Start date: _____ End date: _____

Signature: _____

Bill Me

Total Amount \$_____ Amount Paid Today \$_____

Remaining Balance \$_____ Balance will be paid over: 1 Year 2 Years

In installments of \$_____ Bill me on: 10/1/2023 10/1/2024

Cash or Credit

Full amount is enclosed. (Please make checks payable to Saints Foundation.)

Amount will be paid on _____

Credit Card: Visa MasterCard American Express

Acct # _____ Exp Date ____/____

CVV # _____

Donor Signature _____ required for processing

Online

Scan the QR code to head to our donation page:



3. Signature: _____

Date: _____

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