

WHITE RIVER HEALTH SYSTEM FOUNDATION INVESTMENT CAMPAIGN

Name _____ Phone _____

Address _____

Email _____ Spouse Name _____

Please accept my total pledge or gift payable over one to five years:

_____ \$1,000 _____ \$2,500 _____ \$5,000 _____ \$10,000 _____ \$25,000 _____ \$50,000 _____ \$75,000
_____ \$100,000 _____ \$250,000 _____ \$500,000 _____ Other _____

My/our gift of \$ _____ is enclosed with this card.

My/our pledge amount will be paid as follows:

A) \$ _____ each year for the next _____ years, beginning in 2011, the year construction is projected to begin.

B) \$ _____ now, and the remainder paid on or before _____.

_____ My/our gift is to be restricted for the new White River Medical Center Patient Tower and Outpatient Services Area.

_____ My/our campaign gift may be used for the greatest construction/renovation need.

Signature _____ Date _____

For more information contact Larry Sandage at (870) 262-6033, lsandage@wrhc.com, or White River Health System Foundation, P.O. Box 2197, Batesville, AR 72503.