Renewing for Health

Pledge Statement

I/ We pledge a total of _____, in support of the Renewing for Health capital campaign for the Women's Health Center and Front Entrance project.

☐ My/our check, payable to RMH Foundation, is enclosed.

☐ Please bill me/us on a
- ☐ monthly basis
- ☐ quarterly basis
- ☐ semi-annual basis

☐ Please charge my/our credit card

Card type: MasterCard Visa Discover American Express

Card number: _____

Name on card: _____

Expiration date: _____ Authorization code: _____

Please recognize my/our contribution as:

☐ _____

(i.e. Mr. and Mrs. John and Jane Doe / Ms. Jane Doe / Doe Family / Doe Company)

☐ Anonymous please

My/Our contribution is

☐ In Honor of _____

☐ In Memory of_____

_____ _____

Donor Signature Date

_____

Mailing Address

_____

City / State / ZIP

Please make checks payable to RMH Foundation.
Your gift is tax-deductible to the extent provided by law.

QUESTIONS??? RMH Foundation / Renewing for Health Campaign / (618) 395-6088