



PISGAH HEALTH FOUNDATION

Yes, I want to help Pisgah Health Foundation improve the health and wellness of the citizens of western North Carolina.

## Donor Information

Donor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift

Total Gift: \$

Pledge Term (years): \_\_\_\_\_ Installments (#/year): \_\_\_\_\_

Installment: \$ \_\_\_\_\_ First Installment Date: \_\_\_\_\_

### LEVELS

Ruby – Total Gift of \$5,000 over 5 years (\$1,000 annually)  
Sapphire – Total Gift of \$2,500 over 5 years (\$500 annually)  
Emerald – Total Gift of \$1,250 over 5 years (\$250 annually)

## Donor's Designation

This gift is being made in support of The Women's Giving Circle in:

Transylvania  Madison  Henderson  Haywood  Buncombe

## Recognition

Please acknowledge this gift in the following way:

\_\_\_\_\_

Please recognize this gift as Anonymous.

Please include me only in alphabetical listings of supporters.

## Signature

Donor: \_\_\_\_\_

Date: \_\_\_\_\_

**Fulfillment Options:** Please indicate your preferred method of fulfillment

**Check**

Please make your check(s) payable to: Pisgah Health Foundation. Checks may be mailed to the address at the bottom of this pledge form or collected by your gift officer.

**Credit/Debit Card**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CWV: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

**Electronic Funds Transfer**

Please provide a signed Electronic Funds Transfer Authorization.

**Transfer of Securities**

Your gift officer will be happy to assist you with transfer information.

### **Gift Receipt and Acknowledgment**

Please expect a gift receipt for your tax purposes and a personal acknowledgment of this gift. We are made better by your friendship and our ability to serve WNC is bolstered by your generosity.

### **Contact Information**

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