

# *Saratoga Hospital Foundation*

## PLEDGE CARD

I would like to make a contribution of \$\_\_\_\_\_ for:

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Campaign    | <input type="checkbox"/> Golf Invitational          |
| <input type="checkbox"/> Capital Campaign   | <input type="checkbox"/> Summer Auction Benefit     |
| <input type="checkbox"/> Memorial Gift Fund | <input type="checkbox"/> Golf Package Raffle Ticket |
| In Memory of _____                          | <input type="checkbox"/> Run for the ROC            |
| <input type="checkbox"/> Gift in Tribute    | <input type="checkbox"/> Holiday Ornament Purchase  |
| In Honor of _____                           |   |

- Check Enclosed.
- Please bill me on \_\_\_\_\_.
- Please charge this on my credit card:

Credit Card Type:  Mastercard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

**PLEASE PRINT**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

As you wish to be recognized: \_\_\_\_\_

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

\_\_\_\_\_

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

**When completed, mail to Saratoga Hospital Foundation, 211 Church Street, Saratoga Springs, New York 12866.**

Will your company match your gift to Saratoga Hospital? Current and retiree gifts may qualify.

To find out, log on to [www.saratogahospitalfoundation.org](http://www.saratogahospitalfoundation.org) Click on Matching Gifts.