

# BECOME AN INVALUABLE MEMBER OF OUR COMMUNITY

## Give a Gift or Make a Pledge Today!

Your generous contribution is not just a donation; it's a declaration of your commitment to shaping a brighter future for Mountrail County. Please fill out this form and return it to a staff member or mail it to the address provided at the bottom.

### My Gift

In recognition and appreciation for the health care services and programs provided by Mountrail County Health Center, and in support of the Partnering For the Future Campaign, I/we would like to make the following gift/pledge:

**Method #1:** Enclosed is a tax-deductible contribution in the amount of \$ \_\_\_\_\_ in honor/memory of \_\_\_\_\_.

**Method #2:** I/we pledge \$ \_\_\_\_\_ .Attached is \$ \_\_\_\_\_ .

The balance will be paid over the next   2     3     4     5   or other years, beginning on \_\_\_\_\_ (date) of which payments will be made:

       Annually        Quarterly        Monthly or as follows \_\_\_\_\_

Online/Credit Card payments are also be accepted via Square:



Scan me

### Donor Details

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

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

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

Yes, you have my/our permission to list us as a donor. My/our gift will be acknowledged on the donor wall in the T.H. Reiarson Rural Health Clinic and outside the new Chapel area.

- Name/Verbiage to be listed on the Donor Wall: \_\_\_\_\_

No, I/we prefer to remain anonymous.

### **Please Mail Card & Make Checks Payable to:**

Mountrail County Health Foundation

P.O. Box 522

Stanley, ND 58784

