



Pledge Card - LIFE Medical Center

Name(s) _____
Street _____
City, St, Zip _____
Phone #(s) _____
Email(s) _____

My pledge to HealthBridge Global's Campaign for LIFE Medical Center in Romania is:

In the amount of _____.

Given over _____ years, beginning _____ (month, year), and ending _____ (month, year).

Given as follows: annually (_____), quarterly (_____), monthly (_____), one-time (_____)

All gifts should be directed to:

HealthBridge Global - Designated for LIFE MEDICAL CENTER

PO BOX 2084
Nevada City, CA 95959

GIFT GIVING OPTIONS:

- a) check to the address on the left
- b) PayPal - Visit the website or ask for details
- c) EFT - Electronic Fund Transfer - ask for details.

Please Select one of the following for our Donor Recognition TREE OF LIFE

- I want my name(s) to be recorded as _____
- Designate my "Named Gift" as _____ (only for gifts with naming opportunities attached to them)
- My gift is in honor of: (if living) _____ or in memory of: (deceased) _____
- I want my gift to remain 100% anonymous (*select this option and we will NOT include your name on the TREE OF LIFE.*)

Signed _____ **Date** _____