

# Your Pledge...

*making the commitment*



In support of Lawrence Memorial Health Foundation's goals and identified needs, I (we) will participate in the Golden Jubilee Capital Campaign on the following basis:

I (we) intend to support the Golden Jubilee Capital Campaign and its mission with gifts over the next \_\_\_\_\_ years in the total amount of \$\_\_\_\_\_.

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

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

**Phone:** \_\_\_\_\_

**Please send payment reminders on the following basis:**

\_\_\_\_ Monthly

\_\_\_\_ Quarterly

\_\_\_\_ Annually

**Gift Type:**

\_\_\_\_ Cash/Check

\_\_\_\_ Real Estate/Personal Property

\_\_\_\_ Automatic Bank Withdrawal

\_\_\_\_ Life Insurance Policy

\_\_\_\_ Stocks/Securities

\_\_\_\_ In-kind

\_\_\_\_ Charitable Annuity/Trust

\_\_\_\_ Other

\_\_\_\_\_  
Donor

\_\_\_\_\_  
Campaign Representative

Please make checks payable to:  
Lawrence Memorial Health Foundation  
Attn: Melinda Ray  
PO Box 839  
Walnut Ridge, AR 72476  
870.886.1275  
smurphy@lawrencehealth.net

**If your gift is other than cash or check, you will be contacted for further details.**