



Building for Excellence

Community Pledge Form

I/we am/are pleased to support Orange Regional Medical Center at this extraordinary moment in its history and to participate in The Campaign for the new hospital by making a pledge of \$ _____ to be paid over _____ years.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Payment of this gift will be as follows:

Annually Semi-annually Quarterly Monthly One-time Gift

I/we would like to begin my/our pledge payments on: ____/____/____.
(Date)

Enclosed is the first payment of \$ _____. Subsequent payments will begin on ____/____/____.
(Date)

Please send me reminder notices. This gift will be paid in the form of securities.

Checks should be made payable to: The Orange Regional Medical Center Foundation.

I/we would like to make my/our gift via credit card: AMEX VISA MC

Amount to be charged: \$ _____ Charge first payment on: ____/____/____ CCV #: _____
(Date)

Name as it appears on card: _____

Card Number: _____ Expiration date: ____/____/____
(Date)

Please automatically charge this account when future pledge payments are due.

This gift will be matched by _____. Form is: enclosed to follow

Company Name(s): _____

Gift Acknowledgement:

I would like my gift recognized and printed in the following way: (ex: Jane Smith, In Memory of Jane Smith, In Honor of Mr. John Smith or The Smith Family)

Please Print: _____

Room Area or Plaque (if applicable) should say: _____

I/we prefer to remain anonymous.

Thank you for your generous support! All gifts are tax-deductible to the fullest extent of the law.

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