

Yes,  
I want to  
become  
a member.



Founders Circle

## Annual Giving Levels

- PRESIDENT'S CIRCLE:**  
**\$5,000 – \$10,000**

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- COMPASSION CIRCLE:**  
**\$2,500 – \$4,999**

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- MEMBER CIRCLE:**  
**\$1,000 – \$2,499**

Enclosed please find my contribution of \$\_\_\_\_\_

(Please make check payable to *Holy Name Medical Center Foundation.*)

print name

signature

billing address

city

state

zip

phone

email

I prefer to make a pledge of \$\_\_\_\_\_ payable:

- monthly     quarterly     semiannually
- I wish to waive my benefits.     I wish to remain anonymous.

Please print name as you would like it to appear for tax purposes.

- Check     Visa     MasterCard     American Express     Discover

credit card no.

exp. date

authorized signature

date

- I am interested in making a planned gift. Please contact me.

Holy Name Medical Center Foundation is a 501(c)3 organization; tax ID # 22-2737143.