



Building for a Healthy Future

CLYDE CAMPAIGN

Medical Family Pledge Card

In support of Clay County Hospital Foundation's "Building for a Healthy Future" Campaign for the Clyde Clinic, I choose to ensure quality healthcare for our future through this gift:

Please check and complete the appropriate box:

Payroll Deduction:

I authorize a deduction of; 4 hours 3 hours 2 hours 1 hour
per pay period for; 3 years 2 years 1 year

Payroll Deduction / Other Amount

I authorize a deduction of \$_____per pay period for; 3 years 2 years 1 year

Payroll Deduction / One Time

I authorize a one-time deduction of \$_____.

One Time Donation:

I will give a one-time donation of cash, check or other asset totaling \$_____ on_____.
DATE

I prefer my gift to be **anonymous**.

Printed Name: _____

Department: _____

Signature: _____

