



# Building for a Healthy Future

## RILEY CAMPAIGN

### Medical Family Pledge Card

In support of Clay County Hospital Foundation's "Building for a Healthy Future" Campaign for the Riley 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

**No, Thank You:**  
I prefer not to participate in this campaign at this time.

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**I agree to allow the use of my name** on the Employee Donor Wall and Campaign Donor Recognition programs. Please acknowledge my gift by using the name(s) as follows:

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_



**Clay County Hospital**  
**FOUNDATION**  
rooted in healthcare