



# Donor Gift / Pledge Form

Return to: Rooks County Healthcare Foundation  
PO Box 184  
Plainville, KS 67663  
(785) 688-4428

## Outright Contribution

\_\_\_ I/We wish to make an outright gift of \$ \_\_\_\_\_ payable to Rooks County Healthcare Foundation (check enclosed).

\_\_\_ Please charge this gift of \$ \_\_\_\_\_ to my/our credit card (authorized signature required at bottom of form).

Mastercard \_\_\_ Visa \_\_\_ Discover \_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_ I/We wish to make a gift of property \_\_\_, stocks \_\_\_, other \_\_\_\_\_

## Deferred Gift

\_\_\_ I/We wish to make a deferred gift through:

\_\_\_ Bequest in Will Provision      \_\_\_ Life Insurance

\_\_\_ Charitable Remainder      \_\_\_ Life Estate

Appropriate documentation of a deferred gift is requested.

Estimate Value \_\_\_\_\_

## Pledge

\_\_\_ I/We pledge to make a total gift of \$ \_\_\_\_\_ in equal distributions of \$ \_\_\_\_\_ beginning in \_\_\_\_\_ (month/year).

I/We intend to make payments:    \_\_\_ Monthly                    \_\_\_ Quarterly  
   \_\_\_ Semi-Annually            \_\_\_ Annually

Name(s): \_\_\_\_\_

Name preferred for publication: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Signature (s) \_\_\_\_\_