

The Mark Reinke, MD Family Chapel

Donor(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

TERMS OF PLEDGE

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

I am supporting this campaign today
with a gift of: \$ _____

Single year pledge payment:
\$ _____

Pledge payment date: _____

Multiple year pledge payments:
\$ _____

Beginning on (date): _____

To be paid over:

2 yrs 3 yrs

4 yrs 5 yrs

METHOD OF PAYMENT

Check Payable to:
The Bellin Health Foundation

Online Gift: Visit bellin.org/donate

Planned Gifts and Stock
(Please contact the Bellin Health
Foundation for more info)

Please bill me:

Annually Monthly

Quarterly Other: _____

My/Our gift will be matched by:

Matched gift enclosed

Match gift form will be sent

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

The Bellin Health Foundation is a 501(c)(3) not-for-profit organization. Federal tax identification number is 39-1809171.
Donations are tax-deductible to the extent allowed by law.