Community Pledge Form



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THE CHINA THE T	nal Company			
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr				
Company				
Address				
City				
Preferred Phone	Er	mail		
METHOD OF PAYMENT	7			
AS A ONE-TIME PAYMENT IN INSTALLMENTS OVER YEARS (maximum 5 years)				
I will contribute a total of \$ to be pa	id by			
☐ Cash/check enclosed (made payable to	the Holy Cross Health Foundation	٦)		
☐ Invoice me ☐ One time ☐ Quarterly ☐ Annually				
Billing address if different from above				
☐ Credit Card ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER				
Card #Expiration Date				
Billing address if different from above				
GIVING DESIGNATION	1			
Areas of Greatest Need Other Important Areas of Need				
☐ Unrestricted Giving to Holy Cross Health ☐ New Outpatient Ambulatory Cancer Center	Community Health and Well-Being		Hospital Labor Renovation	Neonatal Intensive Care Unit (NICU)
	☐ Holy Cross Germantown	_		☐ Neuroscience Program
	Hospital President's Fund Program (N		,	☐ Nursing Excellence
		☐ Mission Services		Ryan Donald Basile Memorial Fund for NICU Families in Need
OLONIATURE				
SIGNATURE SIGN				DATE
RECOGNITION & TRIBUTE				
RECOGNITION & TRIBUTE			TH	ANK YOU
Yes, I authorize public acknowledgment of my gift in press or publications as follows		Save your completed form and email it to Eric.Miller@HolyCrossHealth.org		
☐ No, I wish to remain anonymous.			Holy Cross Health Foundation 10720 Columbia Pike, Silver Spring, MD 20901 Phone: 301-754-7101 HolyCrossHealth.org/Foundation	
This gift is In honor of In memory of With gratitude to a caregiver				
Please recognize this gift in the name of			removed from our mailing Holy Cross Health, Privacy	will be added to our mailing list. If you would like to be list, please call 301-754-7870 or mail your request to: Official, 1500 Forest Glen Road, Silver Spring, Maryland
☐ I am interested in naming opportunities.				Health Foundation is a 501 (c)(3) tax-exempt charitable No. 20-8428450). Your contribution is tax deductible to the extent allowed by law.