



Pledge Form

The Doshier Memorial Hospital Foundation is a 501(C) (3)not-for-profit organization which has taken on the mission of enhancing the quality of healthcare for the people within the service area of Doshier Memorial Hospital by seeking and allocating philanthropic funds.

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid in ____ payment(s) of \$_____ each:
 ___ now; ___ monthly; ___ quarterly; ___ yearly; on the date of ___/___/___20__.

Payment Details: _____

I (we) plan to make this contribution in the form of:
 ___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
 ___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Doshier Memorial Hospital Foundation
 924 N. Howe St.
 Southport, NC 28461
 (910) 457-3936