

Regional Cancer Care Medical Center

Saving Lives Close To Home

Please accept my gift (100% tax deductible) for Uvalde Memorial Hospital's Capital Campaign ***Saving Lives Close to Home*** for the Regional Cancer Care Medical Center.

I hereby pledge and authorize a gift of \$_____ to be paid as follows:

Please make your check to Uvalde Memorial Hospital's Capital Campaign, or charge my credit card.

Cash Check VISA MasterCard AMEX Discover

Credit Card Number

Expiration Date

Gifts may be paid over a period of one to three years. Please invoice me for my contribution over _____ year(s). My gift will be paid on _____.

Month & Year

I intend to fulfill my gift over the following schedule. (circle one)

One-time payment

annually

semi-annually

Signature _____

Please print your name(s) exactly as you wish to be recognized.

Name(s)

Address

City, State and Zip Code

Daytime Phone Number with Area Code

Email Address

This gift is **in honor of** **in memory of:**

Name of Recognized Person, Group or Company

Please notify the following individual that this gift has been made (the amount will not be disclosed unless otherwise requested):

Name(s)

Address

City, State and Zip Code

For special arrangement or questions please contact Sheri Rutledge at 830.278.6251

Please mail or fax your completed form to:

Uvalde Memorial Hospital— Capital Campaign

Regional Cancer Care Medical Center

1025 Garner Field Road, Uvalde, Texas 78801

830-278-6251 Fax 830-278-8529 www.umhtx.org

Thank you for your gift for the Regional Cancer Care Medical Center.