



## Gift and Pledge Authorization

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address(s) \_\_\_\_\_

I (We) intend to contribute \$ \_\_\_\_\_ to **Your Family Our Promise**, the community campaign to support the Upland Hills Health 2018 building project.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name(s): \_\_\_\_\_

Please complete your donation-payment information below and/or on the back of this page. Thank you!

## Gift Recognition

Please publicly recognize this gift from:

\_\_\_\_\_  
*How you would like your name(s) and/or company to appear*

Please *do not* publicly recognize this gift. Though it will be listed as anonymous, donor may still designate a Named Gift and/or Tribute(s).

I/We are interested in this Named Gift:

\_\_\_\_\_  
*This is subject to availability; please refer to list of Named Gifts*

Tribute (optional):

This gift is made In Honor of: \_\_\_\_\_

This gift is made In Memory of: \_\_\_\_\_

## Pledge/Gift Payment Instructions

My/Our pledged gift will be paid as follows:

Full payment is enclosed

First installment payment is enclosed

Transfer of Stock — please see attached instructions

Multiple payments: I will pay the pledge over:      one      two      three      four      five      years as follows:

Monthly     Quarterly     Semi-annually     Annually Payment    beginning \_\_\_\_\_ (date)

**Please make checks payable to: Upland Hills Health Foundation**

For automatic payment options, please complete information on the back of this page.

Donor's Name(s): \_\_\_\_\_

## Automatic Payment Options & Authorization

Charge my credit card:  American Express  Visa  MasterCard  Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3-digits on back of card)

I hereby authorize a charge in the amount of \$ \_\_\_\_\_ to **Upland Hills Health Foundation**

on the \_\_\_\_\_ day of each month (if pledging over a period of time).

This authority is to remain in full force and effect for the period indicated or until written notice from me has been received by Upland Hills Health Foundation in such a manner as to afford reasonable time to act on it.

Payments are to begin in (month) \_\_\_\_\_ of (year) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Electronic Funds Transfer (EFT):

Please include a voided check or savings deposit slip to this Pledge Intention form.

Name of Financial Institution \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type:  Checking  Savings  Money Market

Account Number: \_\_\_\_\_

I hereby authorize the transfer in the amount of \$ \_\_\_\_\_ from my account listed above to **Upland Hills Health Foundation** on the \_\_\_\_\_ day of each month. This authority is to remain in full force and effect for the period indicated or until written notice from me has been received by Upland Hills Health Foundation in such a manner as to afford reasonable time to act on it.

Payments are to begin in (month) : \_\_\_\_\_ of (year): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please mail this form, with payment if applicable, to:  
Upland Hills Health Foundation, 800 Compassion Way, Dodgeville, WI 53533**

For additional information, or to initiate gifts of stock, please contact Julia Oellerich, UHH Foundation Director  
608.930.7169 | oellerichj@uplandhillshealth.org for the Stock Transfer Instructions form.

Upland Hills Health Foundation is a 501(c)(3) non-profit organization  
Upland Hills Health Foundation: 26-0596045 | Gifts are tax deductible as allowed by law

**Thank you for helping Upland Hills Health Build on Exceptional Care**