



A FUNDRAISING CAMPAIGN FOR  SALINA FAMILY HEALTHCARE CENTER

Gift Agreement Form

Yes! I/We support the Healthy Salina, Healthy Kansas Campaign, and hereby agree to:

Contribute a **one-time gift** of \$_____.

Pledge a total of \$_____. (Payable over 1-4 years, unless otherwise agreed upon.)

\$_____ in 2025 \$_____ in 2026 \$_____ in 2027 \$_____ in 2028

Name(s) (as you wish to see in print) _____

Address: _____

Phone: _____ Email: _____

Method of Payment (Please make your check payable to Salina Health Education Foundation)

Annually Semi-Annually Quarterly Beginning _____

Investment Distribution Balance Other _____

Check enclosed \$_____ Balance due \$_____ (Reminders sent for your convenience.)

Charge my pledge payments to credit card: VISA MasterCard American Express

Card Billing Address: _____

Account Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Additional Options: I/We wish to remain anonymous

I/We will seek a matching gift from my/our company. Company name _____

This gesture of support for the Healthy Salina, Healthy Kansas Campaign is being made:

In Honor Of: _____ In Memory Of: _____

Signature(s) _____ Date: _____

Thank you! Please return this form by mail.

Salina Family Healthcare Center is a 501(c)(3) non-profit organization.

Federal Tax ID 48-0858197 All gifts are tax deductible to the extent allowed by law.