## **Glacial Ridge Hospital Foundation Pledge Form**

10 Fourth Ave SE "Glenwood, MN 56334 "320.634.4521" www.glacialridge.org

## **Donor Information** Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_ Email \_\_\_\_\_ City State Zip Personal Gift/Pledge Amounto o o o o o o o o o o o o o o o o Organization Gift/Pledge Amounto o o o o o o o o o o o o o Organization Name City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ **Payment Options** Direct contribution \$\_\_\_\_\_ (attach your cash or check payable to Glacial Ridge Hospital Foundation) Charge my credit card: ☐ Mastercard ☐ Visa Credit Card # Expiration Date ☐ Please send me a pledge notice at home. Please invest my gift in: ☐ Greatest Current Need ☐ Hospital Services ☐ Emergency Services ☐ Hospice ☐ Ridgewood Villa ☐ Wellness Programs My/Our gift is a tribute gift made: In honor of \_\_\_\_\_ In memory of \_\_\_\_ Notification Address \_\_\_\_\_ ☐ I/We are Thrivent Financial for Lutherans members and would like to supplement my/our gift. ☐ I/We would like to learn more about the benefits of an estate gift (will, annuity, charitable trust or other valued property). ☐ I/We wish to remain anonymous. Do not include my/our name in any printed material.

Thank you for your gift. Your gift is tax deductible. The Glacial Ridge Hospital Foundation will acknowledge your gift. No goods or services will be exchanged for this gift.