

Capital Campaign Pledge/Gift Form

Enclosed is my pledge/gift to support the Jersey Shore Hospital Capital Campaign. It is my understanding that all monies contributed will be used for the building project.

Please complete: \$500 \$1,000 \$2,500 \$5,000 \$10,000 Other

Payable over a period of: 1 Year 2 Years 3 Years 4 Years 5 Years

Signature _____ Date _____

Please complete the following information and return:

Check enclosed. Please make check payable to the *Jersey Shore Hospital Building Fund*.

Please charge my contribution of \$ _____ to my (check one below):

VISA MasterCard Discover Diner's Club American Express

Credit Card Number _____ Exp. Date _____

Company Name _____

Contact Name _____

Street _____

City _____ State _____ Zip _____

Daytime Telephone _____

Please return this card and your gift to:

Jersey Shore Hospital Building Fund
1020 Thompson Street
Jersey Shore, PA 17740

*Thank you for making the important decision to help us.
Your gifts will enable us to grow and continue to serve our community.*

S t r e n g t h e n i n g O u r C i r c l e o f C a r e