



FULFILLING THE PROMISE » 601 PARK STREET, HONESDALE, PA 18431 » 570.253.8273 » WMH.ORG

FULFILLING THE PROMISE

IMAGINE
WHAT
THE NEXT
HUNDRED
YEARS MAY
BRING



DONOR PLEDGE AGREEMENT

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To support Wayne Memorial Hospital's Second Century Fund, and in consideration of the gifts of others, I/We hereby pledge the following:

TOTAL PLEDGE

(To be paid over the next three to five years as follows below)

YEAR ONE

YEAR TWO

YEAR THREE

YEAR FOUR

YEAR FIVE

Please remind us

___ annually ___ semi-annually ___ quarterly beginning _____, 20___

Comments about pledge payments: _____

Pledge payments may be eligible for matching funds from: _____

Print name(s) _____

Address: _____

Signature: _____

For recognition, list my/our name as: _____

If you have any questions, please call the Campaign office at (570) 253-8273.

PLEASE MAKE CHECKS PAYABLE TO WAYNE MEMORIAL HEALTH FOUNDATION