

Building on Our Past, Building for Our Future

Cresco Medical Clinic Expansion Campaign

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PLEDGE OF INTENT TO SUPPORT REGIONAL HEALTH SERVICES

Donor(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

I/we pledge a **TOTAL** of \$ _____ to the Regional Health Services capital campaign.

Enclosed please find \$ _____.

The remainder of this commitment will be fulfilled with payments of \$ _____ as follows:

annually semi-annually quarterly

for: 1 year 2 years 3 years

I wish to give monthly through electronic funds transfer or credit card payment.
(The Foundation office will contact you for more information.)

My and/or my spouse's company will match my/our gift:

Company Name(s) _____

Other form of gift: _____

Please contact me about a stock or estate planned gift.

Individual or company name(s) to be listed for gift recognition:

Preferred naming opportunity (if applicable): _____

My gift is in honor of **or** in memory of:

Signature(s) _____ Date: ____ / ____ / ____

_____ Date: ____ / ____ / ____

Make gift(s) payable to: **Regional Health Services Foundation**
235 8th Avenue West
Cresco, IA 52136

Contributions to the Regional Health Services Foundation, a 501(c)(3) nonprofit organization, are tax-deductible to the greatest extent of the law. Thank you for supporting Regional Health Services of Howard County.