



# Capital Campaign Donor Pledge Form

Southern Humboldt Community Healthcare Foundation (SHCHF)

I am making a personal commitment to SHCHF's Capital Campaign by pledging at total of:

\$ \_\_\_\_\_

Campaign funds will be used to build a modern hospital and medical center to serve Southern Humboldt and Northern Mendocino Counties. This pledge demonstrates my/our commitment to improve the health of our SoHum community and make leading-edge medical care available.

### Pledge Information:

A one-time donation, or

A multi-year commitment over \_\_\_\_\_ years.

Donation Schedule:  Monthly  Quarterly  Annually

Starting Date: \_\_\_\_\_

I would like to receive pledge reminders via  email  mail

It will be paid as:  Check  Real Estate  Securities

Southern Humboldt Community Healthcare Foundation Fund at Humboldt Area Foundation

Online at [www.sohumhealthfoundation.org/give](http://www.sohumhealthfoundation.org/give)

Cash deposited into account #4122 at Vocality Community Credit Union

### Donor Acknowledgement:

Please use the following name(s) in all acknowledgements (please print):

\_\_\_\_\_

I wish for my gift to remain anonymous

### Donor Information:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Questions?** Please contact Chelsea Brown at [cbrown@shchd.org](mailto:cbrown@shchd.org) or (707) 223-6630. Please return this completed pledge form to SHCHF at 733 Cedar Street, Garberville, CA 95542 or [foundation@shchd.org](mailto:foundation@shchd.org). Southern Humboldt Community Healthcare Foundation is a nonprofit public benefit charitable organization formed under Section 501(c)(3) of the Internal Revenue Code. Your contribution is tax-deductible to the fullest extent allowed by law.

**Tax ID# 94-6172987**