

A healthy community begins with  
**SUPPORT THE UCFS HEALTH CENTER**



**I/We would like to make a pledge to the UCFS Capital Campaign to improve access to care and to expand and renovate the UCFS Health Center.**

\_\_\_\_\_  
Name (please print):

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

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
E-mail:

Total Pledge: \_\_\_\_\_

First Payment: \_\_\_\_\_

Balance payable:

- now
- quarterly
- semiannually
- annually

If "other", please specify:  
  
\_\_\_\_\_

**Please make checks payable to "UCFS Capital Campaign."**

I/We would like to pay by credit card. Please have someone contact me to arrange for payment.

\_\_\_\_\_  
 My/my spouse's employer

offers a matching gift program.

\_\_\_\_\_  
 I/we would like my/our gift to be recognized publicly, such as in UCFS' Annual Report, as indicated:  
(Samples: The Smith Family, Mary and Robert Smith, The Smith Company, Inc)

I/we prefer my gift to be "Anonymous"

\_\_\_\_\_  
Signature:

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

Gifts of stock and/or land are gratefully accepted. Please indicate if you would like to be contacted about this option.



Contributions to UCFS, a nonprofit 501(c)(3), are tax deductible.

thank you