

Donation / Pledge Form



OPTIONS:

→ **One-time** Donor anticipates fulfilling a one-time donation with:

___ Cash ___ Marketable securities ___ Ag commodities ___ Gift from IRA

___ Other, Specify _____ Comments _____

ESTIMATED TOTAL VALUE OF ABOVE: \$ _____

→ **Annually** \$ _____ per year for _____ years, beginning _____ TOTAL: \$ _____

→ **Quarterly** \$ _____ per qtr. for _____ qtrs., beginning _____ TOTAL: \$ _____

→ **Monthly**, by ACH withdrawal from my bank account (*Please attach ACH authorization form*)

\$ _____ per month for _____ mos., beginning _____ TOTAL: \$ _____

Other details of pledge: _____

___ *I prefer to be an Anonymous Donor*

DONOR Printed Name(s): _____

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Signature: _____

.....
(Detach here if you wish to retain the information below.)

Make Checks Payable to: CMHC FBO Western Sky CCC

(Community Memorial Health Center, For Benefit Of)

Mail to: Western Sky Community Care Center • P.O. Box 966 • Grant, NE 69140

(Or deliver to Pinnacle Bank in Grant.)

For more information, please contact any member of the fundraising committee:

Doris Olsen, Chair (308) 352-6308 kolsen@gpcom.net
Dennis Demmel (308) 352-6138 dennisdemmel@hotmail.com
Steve Loeffler (308) 464-2121 babyhuey77@hotmail.com
Michelle Ross (308) 882-8469 michelle.ross@pinnbank.com