



PLEDGE CARD

It is my/our intention to contribute \$ _____ each
(Select one): Year Quarter Month
for the next five years in support of the
“New Chatham Hospital”
capital campaign to reduce the outstanding
debt for this replacement facility.

It is my/our intention to make the first payment
in _____, 20_____.

May we include your name, without amount
in our list of donors? Yes No

Purpose of Pledge: _____

Signature: _____

Name of Donor: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

E-mail: _____ *Phone:* _____

Credit Card (if applicable): _____

Credit Card Number: _____

Expiration Date: _____

Chatham Hospital

P.O. Box 649 | West Third St. and Ivey Ave. | Siler City, NC 27344-0649