



## 1895/1922 Club Pledge

**Yes!** I (we) affirm Chambersburg/Waynesboro Hospital's charitable mission of serving the health care needs of our community neighbors in the greater Franklin County area.

To join the **1895 Club** or **1922 Club**, your pledge is a minimum of \$10,000 over a maximum of 10 years. Please indicate below how you would like to fulfill that pledge.

Yes, I/we pledge \$\_\_\_\_\_ to become 1895 Club members in support of Chambersburg Hospital.

Yes, I/we pledge \$\_\_\_\_\_ to become 1922 Club member in support of Waynesboro Hospital.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature(s)

Date

Names (s) as you would like it to appear on public recognition: *(i.e. Dr. and Mrs. John L. Doe)*

\_\_\_\_\_ or, \_\_\_\_\_ My gift is anonymous.

Check enclosed for full amount payable to: **Chambersburg Hospital** or **Waynesboro Hospital**.

Enclosed is my initial pledge payment of \$\_\_\_\_\_. Please remind me annually of the balance remaining on my pledge.

**Payroll Deduction – for Employees only.** Please deduct \$38.47 per pay starting on the \_\_\_\_1<sup>st</sup> \_\_\_\_2<sup>nd</sup> pay period of \_\_\_\_\_ (month).

I would like to use appreciated assets such as stock to fulfill my pledge. Please provide me with the transfer agent information.

**Credit Card.** Charge the amount of \$\_\_\_\_\_ and process the gift on this date\_\_\_\_\_.

Card Type:  MC  Visa  Discover

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

*(Continued over....)*

- My Club gift is to be used where it is most needed.
- Please use my gift to support: \_\_\_\_\_
- \_\_\_\_\_
- Gift is in Memory of/Honor of: \_\_\_\_\_



Contact Deborah Strong, CFRE, CSP with any questions regarding your 1895 Club or 1922 Club pledge at [dstrong@summithealth.org](mailto:dstrong@summithealth.org) or 267-7457. You will:

- be recognized at the Annual Donor Appreciation Dinner for your generous support.
- be recognized in Summit Health’s annual report to the community.
- be recognized on the appropriate hospital’s annual giving recognition wall.
- receive invitations to special events.
- receive a donor pin with the 1895 Club or 1922 Club designation.

*It is my intention to gift a minimum of \$10,000 to the hospital of my choice within the next ten years. If for any reason at all I find I am not able to fulfill this pledge, I will call the Development Office. They will postpone or cancel my gift, at my choice. I understand this gift of intention is not legally binding.*

**Summit Health Development Office • 785 5<sup>th</sup> Ave Ste #1 • Chambersburg, PA 17201 • (717) 267-7457**