

Gift Level:
(Office Use Only)



Clay County Hospital
FOUNDATION

Gift or Pledge Form

OUTRIGHT CONTRIBUTION

I/We wish to make an outright gift of \$ _____

Payable to: **Clay County Hospital Foundation** (check enclosed)

I/We wish to make a gift of: Property Stocks, securities Real Estate Other _____

PLEDGE

I/We wish to make a gift of \$ _____

Payable to: **Clay County Hospital Foundation** (check enclosed)

I/We promise to make our gift in equal installments of \$ _____

Beginning in (month/year) _____

I/We intend to make payments: Monthly Quarterly Semi-annually Annually

DEFERRED GIFT

I/We wish to make a deferred gift through:

Will provision Charitable Trust Life Insurance Life Estate

GIFT DESIGNATION

I/We wish my/our gift to be used:

For general

Designated for the specific area of: _____

DONOR INFORMATION

Name(s) *Include First Names* _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please Return this form to:
Clay County Hospital Foundation
617 Liberty
P.O. Box 512
Clay Center, KS 67432