Growing for You

Behavioral Health & Emergency Medicine

The Foundation
Sheridan Memorial Hospital
PO Box 391 Sheridan, WY 82801 ♥ 307.673.2418

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☐ **Please check here if you wish to remain anonymous**

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Pledge Gift

My total pledge is: $ _____ **Beginning on:** _____/_____
Month *Year*

To be paid over: _____ **years, with installments of: $** _____

☐ *Annually* ☐ *Quarterly* ☐ *Monthly* ☐ *Other:* _____

☐ **Reminders sent at interval determined above** ☐ **Card charged at interval determined above**
(enter card details below)

5 Year Pledge Option Examples

Pledge Amount	Annual Payment
$250	$50/yr
$500	$100/yr
$1,000	$200/yr
$2,500	$500/yr
$5,000	$1,000/yr
$10,000	$2,000/yr

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