

To: UnityPoint Health – Grinnell Regional Medical Center Foundation, Attn: Donna Fischer

I/We wish to pledge \$\_\_\_\_\_ in support of the **Delivering Our Future** campaign.

To fulfill this pledge, payments will be made ☐ annually ☐ other \_\_\_\_\_ over a period of ☐ one year ☐ two years ☐ three years with payments starting on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Donor name(s): \_\_\_\_\_  
(Please print name as you would like to be listed for donor wall and/or publications.)  
☐ I/We wish our donation to be anonymous.

Address: \_\_\_\_\_

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

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

Contact name if donor is a business: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

