



Contribution Form

Please mail this completed form with your contribution to Heritage Day Health Centers, attention *Campaign for Heritage*, 3341 East Livingston Avenue, Columbus, Ohio 43227.

Contribution Details

I/We wish to support Heritage Day Health Centers. Please accept my/our pledge or contribution to Heritage Day Health Centers in the amount of : \$ _____ and direct it to one of the following:

- Campaign for Heritage**
 Capital Gifts ~ Expansion Campaign
 The Rev. Phale D. Hale Fund for Alzheimer's Care

Check Enclosed: \$ _____ (please make checks payable to Heritage Day Health Centers)

Pledge Payable over: 1 year 2 years 3 years 4 years 5 years

Deposit Enclosed: \$ _____

Remainder to be invoiced as follows: Quarterly Semi-Annually Annually

Invoice Amount: \$ _____ Beginning Due Date: _____ / _____ / _____

Other: I wish to donate gifts of stock or an estate/planned gift, valued at approximately \$ _____

Please contact me at your earliest convenience.

Please accept the enclosed contribution in honor/memory (circle one) of:

Name: _____

Please send acknowledgment to: _____

Address: _____

City: _____ State: _____ Zip: _____

Contribution Information

Donor Name: _____

(As you wish it to appear in recognition materials)

Company/Affiliation (if applicable): _____

Address: _____

City/State/ZIP: _____

Home Phone Number: _____ FAX: _____

Work Phone Number: _____ Ext: _____

E-mail Address: _____

Signature _____ **Date** _____