



Weeks Medical Center
BUILDING CAMPAIGN
Eye On Patient Care

PLEDGE FORM

The Weeks Medical Center Building Campaign needs your help in order to become a reality. Your contribution will help us build the new Lancaster Patient Care Center and enhance the quality of healthcare in our communities.

I/We _____ hereby pledge to contribute the sum of \$ _____ to the Weeks Medical Center Building Campaign.

It is my/our intention to satisfy this commitment by paying according to the following schedule:

\$ _____ in 2019, \$ _____ in 2020, \$ _____ in 2021

Payment Method:

- Check** — please make payable to Weeks Medical Center Building Campaign
- Credit Card** — Card # _____ Expiration date _____

Secure Online Donation is available at weeksmedical.org/buildingcampaign

- This gift will be in the form of securities.** A representative from Weeks will supply account information upon receipt of this pledge form. Weeks Medical Center Tax ID #: 02-0222242

Special Instructions (Please Print):

- This gift is In Honor Of: _____
- This gift is In Memory Of: _____
- I prefer this gift to be Anonymous.
- Please contact me about Naming Opportunities for the Building Campaign.

Signature _____ Date _____

Print Name _____

Address _____ Town _____ Zip _____

Phone _____ Email _____

Please return this completed pledge form via mail to:

Mike Lee, President, BUILDING CAMPAIGN, Weeks Medical Center, 173 Middle Street, Lancaster, NH 03584

THANK YOU FOR YOUR GENEROUS SUPPORT OF THIS IMPORTANT COMMUNITY INITIATIVE!

Weeks Medical Center is an IRS approved 501(c)(3) non-profit charitable organization. Your contribution, will be tax-deductible to the fullest extent allowable by law. Please consult with your tax preparer for details and eligibility. Weeks Medical Center Tax ID #: 02-0222242