

Pledge Form

Donor Information (please print or type)

Name _____

Billing Address _____

City _____

State _____

Zip Code _____

Phone number _____

Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid:

now monthly quarterly yearly.

I (we) plan to make this contribution in the form of:

cash check

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature _____ Date _____

Please make checks, corporate matches,
or other gifts payable to:

The “You-Turn” Recovery Docket Fund
HealthFirst for Clinton County
PO Box 831
Wilmington, Ohio 45177