

PLEDGE YOUR GIFT TO VISITATION HOSPITAL FOUNDATION AND SAVE A LIFE IN HAITI!

Please download and print out pledge form.

***Must fill in.**

*Name _____

*Address _____

*City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

*E-mail Address: _____

*Pledged payments to be made: **(Please circle)** Monthly, Quarterly, Semi-Annually, Annually

***Please circle:** I wish to pay by: 1st of the month, 15th of the month

*Amount of each payment: \$ _____ *Total number of Months: _____

We take major credit cards: **American Express** **VISA** **MasterCard** **Discover**

Credit Card Number: _____

*Name as it Reads on the Card: _____

*Expiration Date: _____ Three-digit Code: _____

Automatic Debit: We will be happy to send you a form. Please call us at 615-385-2363.

Mail Checks to: **Visitation Hospital Foundation**
2500 21st Avenue South, Suite 207
Nashville, TN 37212

OR: Go to home page on website and make online gifts.

This donation is in Honor/Memory of: _____