



EQUIPPED FOR TOMORROW

PLEDGE TODAY

We invite you to invest in a future of healthcare and education excellence.

I support the mission of Norman Regional Health Foundation's Capital Campaign. I wish to invest in a future of healthcare and education excellence by equipping healers with life-saving and life-changing equipment.

Name:

Company:

Address:

City:

State:

Zip:

E-Mail Address:

Phone Number:

ABOUT YOUR GIFT:

Total gift amount of \$ _____

Paid over: _____ Years [5 Year Maximum Pledge]

Start Date: _____

Check Enclosed

(Made payable to Norman Regional Foundation)

Please Send Invoice

Credit Card/ Other/ Estate

(Foundation will contact you)

I wish to designate my gift to:



Greatest Need



Cardiovascular Care



Cancer Care



Education Center



Perinatal Care



Physical Rehabilitation

All gifts will be recognized on the Healthplex Donor Wall. Gifts of \$2,500 and above, will receive special name recognition in the lobby of the focus area chosen above.

For purposes of donor recognition:

I desire that my gift be treated as an anonymous contribution.

Please list my name as specified below in all donor recognition:

Name(s):

Please print exactly as you wish to be recognized.

Signature:

Date: