

# “Yes, I want to Make a Difference”

In support of Hannibal Regional Hospital Foundation, I/we pledge \$ \_\_\_\_\_  
to be paid over \_\_\_\_\_ years (maximum of 5), beginning on \_\_\_\_\_. (mm-  
dd-yy)

Pledge will be paid:

\_\_\_ annually \_\_\_ quarterly \_\_\_ semi-annually \_\_\_ monthly  
\_\_\_ other (please specify)

Pledge will be payable by:

\_\_\_ check \_\_\_ ACH \_\_\_ Credit Card \_\_\_ Appreciated Securities

Credit Card \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover Card \_\_\_ A/E

Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

\_\_\_ Enclosed is my one-time gift of \$ \_\_\_\_\_.

\_\_\_ I/we would like to make a gift other than cash. Please contact me regarding a gift  
of stocks, bonds, real estate, life insurance or bequests.

\_\_\_ I/we wish to make this gift in honor/memory of :  
\_\_\_\_\_

If you work for a company that has a matching gift program, please send the appropriate  
form that enables your gift to go twice as far.

All gifts are tax-deductible to the extent allowed by law.

continued on back

**Please make checks payable to Hannibal Regional Hospital Foundation.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

## **Publications & Donor Recognition**

\_\_\_\_ I/we wish my/our name/s to read as printed:

Names: \_\_\_\_\_

\_\_\_\_ I/we prefer that our gift be anonymous.

Your cash gift or pledge of \$10,000 or greater or cumulative giving in excess of \$10,000 qualifies you for inclusion in our Cornerstone Society.

\_\_\_\_ Yes I/we accept membership in the Cornerstone Society.

## **Endowment Policy**

An endowment is a gift that keeps on giving. The invested gift (the principal is never touched and only the income is available for expenditure, those providing a perpetual source of income for the Foundation and the Hospital. Hannibal Regional Hospital Foundation policy B-X states: "Unless otherwise directed by the donor, 25% of all restricted monetary donations of \$10,000 or more to Hannibal Regional Hospital or the Hannibal Regional Hospital Foundation will be placed in an endowment fund account."

If applicable, please indicate your preference concerning the endowment of your pledge.

\_\_\_\_ 25% Endowed \_\_\_\_ None Endowed \_\_\_\_ Other Percentage (please specify) \_\_\_\_\_



Hannibal Regional  
Hospital Foundation

*www.brhf.org*