

Nash UNC Health Care Foundation Medical Staff Giving Society Pledge Form

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Birthdate: _____

I would like to support the Foundation at the following level:

- \$1,000 \$5,000
 \$2,000 Other \$ _____
 \$2,500

Payment Information:

- I would like to make 4 quarterly payments
(please still indicate how you will be making your first payment, remaining payments will be invoiced)
 Check/Cash is enclosed
 Invoice me at the above address
 I will pay online at NashUNCFoundation.org/MedicalStaff
(automatic quarterly payments are available online.
Select a designated fund or general donation when making your donation)

Gift Designation:

- | | |
|--|--|
| <input type="checkbox"/> Unrestricted (area of greatest need & Patient Assistance) | <input type="checkbox"/> Inpatient Food Pantry |
| <input type="checkbox"/> Breast Care Center | <input type="checkbox"/> Heart Center |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Hospice and Palliative Care |
| <input type="checkbox"/> Cardiopulmonary Rehab | <input type="checkbox"/> Marsigli Orthopedic |
| <input type="checkbox"/> Community Paramedic | <input type="checkbox"/> Rehab Services (including BTAR) |
| <input type="checkbox"/> Emergency Department (including Peds) | <input type="checkbox"/> Women's Center |

Signature: _____ Date: _____

Mail form and payments to:
Nash UNC Health Care Foundation
2460 Curtis Ellis Drive
Rocky Mount, NC 27804
Questions:

Kathleen Fleming
252.962.8583 kathleen.fleming@unchealth.unc.edu



Date Received: _____
Date Processed: _____