

Pledges:

Enclosed is my gift of \$ _____

I wish to pledge \$ _____, payable over _____ years.

Please bill me: (check one) annually semiannually quarterly.

Memorials & Honorariums:

My gift is: in memory of in honor of:

Please send an acknowledgment card to the address below:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your gift to **one** of the following programs or facilities will touch people and help provide for their health care needs:

- NMMC-Tupelo
- Cancer Center
- Community Hospital
- Diabetes
- HealthWorks!
- Heart Institute
- Home Health
- Hospice
- Women & Children's Health Services
- Other: _____

Please use my contribution selected above for:

- Area of greatest need
- Patient assistance
- Education

My name and address:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please print, fill out & mail this pledge form to:

Health Care Foundation of North Mississippi
 830 South Gloster Street
 Tupelo, Mississippi 38801-9984

Gifts to the Health Care Foundation are tax deductible as allowed by law.

We appreciate your support.