

Samaritan Foundations Commitment Form

Yes! I want to help build a healthier community.

I _____ ,
(donor name)

pledge my support for the _____ at:
(project/fund)

Total gift amount: \$ _____

Donor recognition

I prefer this gift to be anonymous

I prefer my name to be listed as: _____

This gift is in memory/honor of: _____

Donor name: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Payment scheduler

If you wish to set up a payment schedule, please fill out the schedule below.

	Amount	Qtr/Year
Payment one:	\$ _____	_____
Payment two:	\$ _____	_____
Payment three:	\$ _____	_____
Payment four:	\$ _____	_____
Payment five:	\$ _____	_____

Payment method

Check enclosed To pay with a credit card or to set up a pledge payment schedule, please visit samhealth.org/Giving. If you need assistance, please call 1-844-768-4256.

Send me quarterly/annual pledge reminders

I would like to make my gift via payroll deduction (Samaritan employees)

\$ _____ per pay period (26 pay periods per year) for ___ years

Samaritan Employee Number: _____

Begin pay period one of next calendar year Begin immediately

Signature: _____ Date: _____

Your gift is deductible to the fullest extent allowed by law. All foundations listed are qualified 501(c)(3) organizations.



**Samaritan
Foundations**

815 NW Ninth St., Suite 136
Corvallis, OR 97330

samhealth.org/Giving

Albany General Hospital
Foundation

Good Samaritan Hospital
Foundation

Lebanon Community
Hospital Foundation

North Lincoln Hospital
Foundation

Pacific Communities
Health District Foundation