



Regional High School Athletic Training Program Donation/Pledge Form

Donor Information:

Your Name (please type or print) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: / _____ Evening Phone: / _____ Cell Phone: / _____

Email: _____

Please note: To receive email updates and other information, please provide your email. If you prefer not to receive email updates, do not include your email address. All email addresses are kept confidential and not shared.

I/we pledge to the Regional High School Athletic Training Program Fund Drive in the sum of: \$ _____

- To be paid as follows:** Paid in full (payment enclosed)
 Pledge payment installments to follow schedule below (up to five years)

Method of Payment:

AMOUNT	DATE	AMOUNT	DATE
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____		

- My payment of \$ _____ is enclosed (**Please make check payable to Pullman Regional Hospital Foundation**)
- Please charge my credit card in the amount of \$ _____
 American Express Visa MasterCard Discover
- Credit Card Number: _____ Expiration Date: _____

I/we would like our name to appear as follows in the published recognition listings (please print):

Signature: _____ Date: _____

Thank you for the investment you have made in the future of our community's health care.
Your contributions are greatly appreciated.

Pullman Regional Hospital Foundation
840 SE Bishop Blvd, Suite 200, Pullman, WA 99163
509-332-2046

Your gift is tax-deductible as defined by law. In compliance with IRS regulations, the PRH Foundation informs the donor that no goods or services were provided in exchange for this gift.