



Bundle of Joy Pledge Form

I/we am/are pleased to support **Bundle of Joy**. In support of this extraordinary effort I/we am/are pleased to make a pledge of \$_____ to be paid over ____ years (maximum 5) as follows:

Annually Semi-annually Quarterly Monthly One-time gift

Enclosed is the first payment of: \$_____. Subsequent payments will begin on ___/___/____.
Payment will begin on ___/___/____. Please send reminders. (Date)

I/we prefer to pay by credit card: VISA MasterCard American Express
Amount: \$_____ Charge my/our first payment on: ___/___/____.
(Date)

Name as it appears on card: _____

Card No.: _____ Expiration Date: ___/___/____ CVV# _____

Please automatically charge this account when future pledge payments are due.
 This gift will be matched by _____ Form is: enclosed, to follow.
(Company Name)

Name _____

Please print information exactly as you would like it to appear in recognition materials

Signature _____ Date _____

Street Address _____

City _____ State ____ Zip _____

Telephone (____) _____

E-mail address _____

**SPECIAL INSTRUCTIONS
(Please Print):**



To give through the secure Foundation website scan this QR code or go to HighPointRegionalHealthFoundation.com



Sponsorship Levels

Bundle Sponsor: \$100,000
\$20,000/yr over 5 years

Precious Gift Sponsor: \$50,000
\$10,000/yr over 5 years

Tiny Tot Sponsor: \$25,000
\$5,000/yr over 5 years

Little Angel Sponsor: \$10,000
\$2,000/yr over 5 years

Tiny Miracle Sponsor: \$5,000
\$1,000/yr over 5 years

Little Blessing Sponsor: \$2,500
\$500/yr over 5 years

On behalf of all of the patients served by High Point Medical Center, we thank you!

Checks should be made payable to the High Point Regional Health Foundation.

Gift payments are fully-deductible to the extent allowed by law.