

JOHNSTON CADUCEUS GIVING CIRCLE
HEALTH FOUNDATION Commitment Card

Donor Name: _____

Address: _____

Phone: _____

Email: _____

Optional:

I am making this donation in the name of:

Address: _____

Email: _____

Yes, I would like to become a donor of the Johnston Health Foundation to benefit the following fund:

- | | |
|--|---|
| <input type="checkbox"/> Angel Fund | <input type="checkbox"/> Heart Fund |
| <input type="checkbox"/> Patient Assistance Fund | <input type="checkbox"/> Johnston Health Foundation Endowment |
| <input type="checkbox"/> Hospice Fund | <input type="checkbox"/> Where it is needed most |
| <input type="checkbox"/> Healthy Kids Fund | |

Yes, I would like to make a:

- One-time Gift Recurring monthly Gift

Amount: ___\$500 ___\$1,000 ___\$2,500 ___\$5,000

___\$10,000 _____Other

A commitment of at least \$500 annually (Jan- Dec) will secure your membership to the Caduceus Giving Circle.

Please make checks payable to the Johnston Health Foundation.

Contact me on Matching Gifts. Company: _____