

LIFE.GIVING.CARE CAPITAL CAMPAIGN

BUILDING A BETTER NORTHERN—ONE SUITE AT A TIME

Being the community's hospital since opening in 1957, Northern is an indispensable part of Mount Airy, Surry County and surrounding areas. Because I believe in the importance of Northern Hospital, I/we pledge the sum of \$______ to support the Northern Hospital Foundation LIFE.GIVING.CARE Capital Campaign.

Name(s):	Email:
Home Phone: Busi	ness Phone:
Company/Organization/Foundation:	
Address:	
City:	State: Zip Code:
Signature 1:	Date:
Signature 2:	Date:
Total Pledge: \$ Payment Enclosed: \$	Balance Due: \$
□ Check Enclosed (Northern Hospital Foundation, Memo Line: LIFE.GIVING.CARE Capital Campaign	
□ Charge My Credit Card: □ Visa □ Mastercard □ AMEX □ Discover	
Name of Cardholder:	
Card #: Expiration:/ Security Code:	
Signature:	Date:/
I/We would prefer to make payments over a period of \Box 1 Year \Box 2 Years \Box 3 Years \Box 4 Years	
In the Following Manner: Annually Semi-Annually Quarterly Monthly	
Please specify date of first/next payment:/	

Please return to: Matt Linville

Foundation Director

Northern Hospital Foundation

Post Office Box 1101

Mount Airy, NC 27030

Northern Surry Foundation for Better Health, Inc. (DBA Northern Hospital Foundation) is a 501(c)(3) not-for-profit organization - Federal Tax ID # is 38-3669834.

All donations are tax deductible to the extent allowed by law.