

**DONATION OR PLEDGE**

I hereby donate the sum of \$\_\_\_\_\_ to the Ashley Medical Center Fund Raising Drive, or

I hereby pledge the sum of \$\_\_\_\_\_ to the Ashley Medical Center Fund Raising Drive to be paid in the following installments:

Amount donated now: \$\_\_\_\_\_

Amount pledged to be paid (monthly) (quarterly)  
\$\_\_\_\_\_

Ashley Medical Center is a 501(c)(3) organization. Donations are deductible on an itemized Tax Return

\$100-\$250:	Membership Level
\$251-\$500:	Bronze Level
\$501-\$1000:	Silver Level
\$1001-\$2500:	Gold Level
\$2501-\$5000:	Gold Level Plus
\$5001-\$9999:	Platinum Level
\$10000-\$24999	Separate Wooden Donation Plaques
\$25000 and up	Separate Bronze Donation Plaques

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_