



SouthEast Lancaster Health Services' Project HEAL Campaign Pledge Form

I/We wish to commit to a total pledge of \$ _____

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Please check one:

My contribution is enclosed. _____ I/We wish to be billed. _____

I/We wish to pay our pledge over (please check one):

One year____ Two years____ Three years____ Four years____ Five years____

I/We wish to be billed for our pledge (please check one):

Quarterly (January, April, July, October)_____

Semi-annually (January, July)_____

Annually (January)_____

May we publish your name as a donor to the campaign?

If so, how would you like to be listed (please print clearly):

Signature: _____ Date: _____

Please let us know if your employer has a matching gift program so that we may maximize your gift. Credit Cards can be accepted for total gifts or billing. For gifts of stock, bequests or in-kind donations, please contact Dan Jurman at 717-299-6372 ext.12180 or djurman@selhs.org.

**Make your donation by credit card conveniently online at:
www.SELHS.org**

Thank you for your commitment to the health of our community!