



**PLEDGE CARD**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I/We pledge a total of \$ \_\_\_\_\_ Gift Enclosed \$ \_\_\_\_\_

Designate my gift for: \_\_\_\_\_

Please bill me  One Time  Quarterly  Monthly  Annually Starting (date) \_\_\_\_\_, 2010

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

For recognition purposes please list my gift as from \_\_\_\_\_

**MAILING ADDRESS: East Alabama Medical Center Foundation · 2000 Pepperell Parkway · Opelika, AL 36801 PHONE: 334-528-5868**

Please bill my credit card below.

(Circle one) VISA or MASTERCARD

Name on the Card: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

**Thank you for considering a gift to the EAMC Foundation. Some suggested guidelines are listed below.**

<i>If your gift is:</i>	<i>Quarterly</i>	<i>Monthly</i>
<b>\$100</b>	\$25.00	\$8.33
<b>\$250</b>	\$62.50	\$20.83
<b>\$500</b>	\$125.00	\$41.66
<b>\$1,000</b>	\$250.00	\$83.33
<b>\$5,000</b>	\$1,250.00	\$416.66

**The East Alabama Medical Center Foundation is a non-profit organization. All gifts made to the foundation are tax deductible.**