

Giving is Good for You:

Supporting Story County Medical Center

STORY COUNTY MEDICAL CENTER ENDOWMENT FOUNDATION GIFT/PLEDGE FORM

Name (please print): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Signature: _____ Date: _____

This gift should also be credited to my spouse/partner: _____

I/we will support Story County Medical Center in the amount of:

\$100 \$250 \$500 \$1,000 \$1,500 Other: _____

Gift Payment Method

Enclosed is my check for \$ _____ (made payable to Story County Medical Center Endowment Foundation)

I would like to pay by credit card. Please contact me for my credit card information.

Pledge Payment Method

My/Our gift is a Pledge payable over ____ years in equal installments of \$ _____ beginning in _____ (month/year). (Please make your pledge for no more than three (3) years)

I/We intend to make payments Monthly Quarterly Semi-annually Annually
A Foundation staff member will be in contact to confirm pledge payments and schedule.

My/Our first payment is enclosed.

Matching Gift

My/Our gift will be enhanced by a matching gift from the following company: _____

More Information

Please send information on how to include Story Medical in my will.

Please have someone contact me regarding a gift of stock.

Please have someone contact me regarding a gift of grain.

Story County Medical Center Endowment Foundation is a 501(c)3 organization. All gifts to Story County Medical Center Endowment Foundation are tax deductible to the fullest extent of the law.



An Affiliate of  UnityPoint Health

Please mail this form to: Story County Medical Center Endowment Foundation, 640 S. 19th Street, Nevada, IA 50201.