

Endowment Pledge

Building a Healthier Community

We are committed to improving the quality of life for all Northwest Colorado residents by providing comprehensive health resources and creating an environment that supports community wellness. Your contribution to our endowment provides support in our community today, tomorrow and beyond to ensure the future of health care in our valley. Your support will provide access to care for our community, including traditionally marginalized and underserved populations, from beginning to end of life.



DONATION INFORMATION

I/We agree to join Northwest Colorado Health in building a healthier community by supporting the *Endowment Fund at Northwest Colorado Health* with a contribution totaling \$_____

The contribution will be paid over a period of

- 1 year 2 years 3 years one-time gift

Pledge payment schedule to begin (month/year)_____

Each pledge payment will be \$ _____

and will be paid Monthly Quarterly Semi-annually Annually

My Employer will match this gift

I/We wish to make this gift in honor/memory of _____

Planned Gift:

I have made a provision in my estate to benefit Northwest Colorado Health in the form of a:

- | | |
|--|--|
| <input type="checkbox"/> Bequest (Will or Trust) | <input type="checkbox"/> Retirement Fund Beneficiary Designation |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Other: _____ |

PAYEMENT INFORMATION

Payments will be made by:

- Please send me an invoice Monthly Quarterly Semi-annually Annually
 Automatic monthly recurring credit card charge

Payment Method

- Check Enclosed-make checks payable to Yampa Valley Community Foundation
 Please charge my credit card
 Yes, I would like to cover the 3% processing fee

GIVE ONLINE



Card Number _____ Expiration Date _____

Name on Card _____ CVV Code _____

Signature _____ **Date** _____

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DONOR INFORMATION

Please print your name as you wish to be recognized

or

I/We wish to remain anonymous

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

Notes:

WELCOME TO OUR LEGACY SOCIETY

Tell us how you would like to participate and be acknowledged as a member of our Legacy Society.

I would like to receive the following Legacy Society Benefits:

- | | |
|---|--|
| Invitations to Legacy Society events | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Individual meetings with Stephanie Einfeld, CEO | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exclusive Legacy Society communications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Public recognition in Legacy Society listings | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Feel free to contact us any time for additional information or suggestions on gifts that fit with your lifestyle and philanthropic goals. You can also find more information on our website at www.northwestcoloradohealth.org.

Please return this form to
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HEALTH
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