

# 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](http://www.northwestcoloradohealth.org).

Please return this form to  
Suzi Mariano, Senior Director of Marketing and Development  
Northwest Colorado Health  
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970-871-7631 | [smariano@northwestcoloradohealth.org](mailto:smariano@northwestcoloradohealth.org)

NORTHWEST COLORADO  
**HEALTH**  
[northwestcoloradohealth.org](http://northwestcoloradohealth.org)