HONORHEALTH®

Foundation

Pledge Form

AMOUNT

☐ I would like to gift $_____

Amount	Payment Date(s)

DESIGNATION

☐ Greatest Need – Annual Fund (acct # 40582) ____ %

☐ Other: _____ ____ %

Total 0 ____ %

METHOD

☐ Debit Card / Credit Card: honorhealthfoundation.org

☐ Check (payable to HHF, 8125 N. Hayden Road • Scottsdale, AZ 85258)

☐ Electronic Funds Transfer

☐ Checking Account Withdrawal

☐ Estate Gift (will/trust)

ACKNOWLEDGEMENT

Please use the following name(s) in all acknowledgment and recognition materials:

_____

☐ I/We wish to be anonymous

By signing below you authorize the charge(s) and agree to fulfill the terms of this pledge.

Name: _____

First *Last*

Phone: _____ Email: _____

Mailing Address: _____

Street *City* *State* *Zip*

Signature(s) _____ Date _____

Thank you for your generous support!

8125 N. Hayden Road, Scottsdale, AZ 85258 • 480.587.5000
HonorHealthFoundation.org
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