



# Campaign for Avita

## Pledge Form 2024-2029

Contributions help provide local access to excellent care. In fact, it's often those donations that give life to programs or services that may have little or no other means of funding. Thank you for considering a gift to the Avita Health Foundation.

*All gifts and pledge payments to the Avita Health Foundation are considered tax deductible, as allowable by law.*

### I (we) would like to make a pledge to the Avita Health Foundation

- Unrestricted
- Orthopedics, Sports Medicine & Therapy Center
- Cancer Center
- Heart Program
- Women's and Children's Programs

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total Pledge: \_\_\_\_\_

Over this time period:  Three Year Pledge     Five Year Pledge  
 Invoice Annually     Monthly Credit Card Deduction

Please indicate how you wish to be listed for purpose of donor recognition:

Name(s): \_\_\_\_\_

I wish to remain anonymous

Donor Signature(s): \_\_\_\_\_

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

## You can make your annual pledge payment or gift:

- ✓ **By check payable to:** Avita Health Foundation, 269 Portland Way South, Galion, Ohio 44833.
- ✓ **By credit card using a secure site:** <https://avitahealth.org/foundation/#donate>
- ✓ **By IRA or appreciated Stock:** Information will be included in annual pledge payment reminder.
- ✓ **By Planned Gift:** Although cash is needed to fund each project, you can make all or part of your gift using other deferred methods.
- ✓ **By setting up a continued credit card payment plan.**

*The estimate chart is provided to help guide you, your family, or organization on how to give as generously as you can to the Campaign for Avita.*

Total Amount of Gift/Pledge	3-Year Pledge	5-Year Pledge
\$50,000	\$16,666	\$10,000
\$25,000	\$8,333	\$5,000
\$15,000	\$5,000	\$3,000
\$10,000	\$3,333	\$2,000
\$5,000	\$1,666	\$1,000
\$1,000	\$333	\$200

Notes