



Endless
POSSIBILITIES

An Endless Mountains
Area Initiative:

The Campaign to Build a New Healthcare Facility

- Check enclosed payable to
EMHS Capital Fund
- Credit Card
 - Visa
 - Mastercard

Card # _____

Expiration date _____

Total Contributed / Pledged: \$ _____ Total enclosed: \$ _____ Balance: \$ _____

Signature _____

Date _____

- monthly payments of \$ _____
- quarterly payments of \$ _____
- annual payments \$ _____

Capital Fund Drive Contribution / Pledge Form

Name _____

Address _____

I wish to have my gift remain anonymous.

My company or my spouse's company will match this gift.
Enclosed are the necessary forms.

Home Phone# _____