



Northern Cass Community Health & Wellness Center Capital Campaign Pledge Form

Name(s) of Individual or Corporate Entity

Address

City, State, Zip

Contact Name (business)

Email Address

Mobile Phone Number

Business Phone Number

As an investment in the Northern Cass Community Health and Wellness Center, I/we hereby agree to pay the sum of \$ _____ to be paid in cash, securities, or other property of equivalent value and to be used in support of professional services necessary for construction of the facility.

Pledge Details:

Total Pledge \$ _____
Initial Payment \$ _____
Balance Due \$ _____

Balance to be paid as Follows:

Month	Year	\$ Amount
_____	20____	_____
_____	20____	_____
_____	20____	_____
_____	20____	_____
_____	20____	_____

*Please make checks payable to:

Northern Cass Community Health & Wellness Center

*Pledge Reminders will be sent.

*Payment schedules other than annual and specific pledge periods may be arranged.

Signature

Title (if applicable)

Date