

# *Building a Better Tomorrow* Capital Campaign

## Pledge Declaration

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

I am pleased to support the "Building a Better Tomorrow" Capital Campaign to raise \$250,000 for Albany Area Hospital and Medical Center. I pledge to Albany Area Healthcare Foundation the sum of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years on behalf of this program.

I plan to follow the indicated payment schedule below:

\$ _____	Date _____
\$ _____	Date _____
\$ _____	Date _____
\$ _____	Date _____
\$ _____	Date _____

I wish to make a gift through my estate plans:

Please describe \_\_\_\_\_  
Amount \_\_\_\_\_

Contributions are deductible for tax purposes to the full extent provided by law.

Please make check payable to: Albany Area Healthcare Foundation.

Gifts or securities should be endorsed to: Albany Area Hospital and Medical Center.

Please mail to:

Albany Area Healthcare Foundation, 300 Third Avenue, Albany, MN 56307

# Capital Campaign

To make your donation to the  
Albany Area Healthcare Foundation,  
please print out the above page,  
fill it out and mail to:

Albany Area Healthcare Foundation  
300 Third Avenue  
Albany, MN 56307

**Thank you!**