



Campaign For Community Healthcare Excellence

Yes, I want to be a partner in the *Campaign For Community Healthcare Excellence*. I am pleased to make a _____ (1-5 yr.) pledge, in the amount of \$ _____ annually thereby making my total gift \$ _____.

Please assign my gift to the following fund(s) (You may allocate to more than one fund):

\$ _____ Physician and Hospital Support Fund (*unrestricted*)

\$ _____ Medical Technology and Capital Improvements Fund

\$ _____ Heritage For Health Endowment Fund

Please assign my gift to the following giving program:

_____ MasterKey Club

_____ Platinum Key Club

_____ Champion Donor Club

_____ Honorary and Memorial Gifts

In Honor Of _____ In Memory Of _____

Gift Payment Options

_____ Check enclosed _____ Credit Card _____ Via Stock Securities (call our office for credit card or stock instructions)

_____ Donate online

_____ Gift will be matched by: _____ (please include a company form with contribution)

Signature

Date

Signature

Date

Other

Send information on the _____ MasterKey Club _____ Planned Giving Opportunities

Is Highlands-Cashiers Hospital included in your Will? _____ Yes _____ No

ANNUAL GIVING LEVELS
 Donors are recognized for annual aggregate giving to all HCH Foundation projects:

- Distinction (\$50,000+)
- Hallmark (\$25,000+)
- Champion (\$10,000+)
- Platinum (\$5,000+)
- Gold (MasterKey) (\$1,000+)
- Silver (\$500+)
- Supporting (\$250+)
- Friend (\$1-100+)

LIFETIME GIVING LEVELS
 Donors are recognized for lifetime aggregate giving to all HCH Foundation projects:

- Grande Benefactor III (\$500,000+)
- Grande Benefactor II (\$250,000-\$499,000)
- Grande Benefactor (\$100,000 - \$249,000)
- President's Club (\$50,000 - \$99,000)
- Benefactor (\$25,000 - \$49,000)
- Founder (\$10,000 - \$24,999)
- Patron (\$5,000 - \$9,999)
- Partner (\$1,000 - \$4,999)
- Friend (\$500 - \$999)