



MIDLANDS FOUNDATION

Women’s Leadership Circle Commitment Form

- Yes, I/we want to be a member of Women’s Leadership Circle and pledge to contribute \$1,000 or more.
- Dr. Mrs. Ms.

Name _____ Date of Birth _____
 Address _____
 City/State/Zip _____
 Phone (H) _____ (W) _____ Cell _____
 Email _____
 Email _____

LEVELS OF GIVING: Silver (\$1,000) Gold (\$2,500)

YOUR PLEDGE AND METHOD OF CONTRIBUTION:

Enclosed is my/our contribution (*payable to Prisma Health Midlands Foundation—WLC*) Check # _____

Please bill me: monthly (beginning on____) quarterly annually other (Please complete credit card section above).

Credit card: Visa MasterCard Discover American Express

Please draft my card in payments of \$ _____ quarterly annually other

Card# _____ Exp Date (MM/YY) _____
 Signature _____

Please consider making a recurring gift—an easy, flexible, green way to make a difference. If you commit to a recurring gift, we will continue to change your card or bill you on the timetable you’ve indicated.

- Yes, I’d like my gift to be recurring.
- No, my gift/pledge commitment is for one year.

For recognition purposes, how would you like your name to appear?

This gift is in honor of in memory of _____

Send acknowledgement to (name/address): _____

- This is an anonymous gift.
- My company will match this contribution. Attached is the required form.

Return completed form to Maria DeHart at Prisma Health Midlands Foundation.
 Maria.DeHart@PrismaHealth.org | 803-296-2175
 -or- mail to Prisma Health Midlands Foundation, 1600 Marion St., Columbia, SC 29201