



FOUNDATION

PULLMAN REGIONAL HOSPITAL  
*generosity inspires*

## Bill Gaskins Scholars Program Pledge-Donation Form

**DONATION:** I would like to make a gift to the Bill Gaskins Scholars Program in the following amount.

\$100    \$500    \$1000    \$2,500    \$5,000    \$7,500    Other

**PLEDGE:** I would like to make a pledge of \_\_\_\_\_ for \_\_\_\_\_ years.

First Pledge Payment Date: \_\_\_\_\_

**Please apply my gift/pledge to the following:**

Bill Gaskins Scholars Fund

Bill Gaskins Rural Health Lecture Series

Name: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

**Please note:** To receive email updates and other information, please provide your email. If you prefer not to receive email updates, do not include your email address. *All email addresses are kept confidential and not shared.*

Please charge my credit card:  
Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I have enclosed a check

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

How would you like your name listed in donor recognition materials? \_\_\_\_\_

***This philanthropic gift to Pullman Regional Hospital is tax deductible to the extent provided by law.***

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